

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### THE PUBLIC-SCHOOL NURSE

THE extension of the work of nurses in the public schools is perhaps the most striking development in recent nursing progress. No form of preventive work is exciting more lively and widespread interest in the public mind than this. Inquiries are coming in from the whole country, and the New York Board of Health is besieged with letters. A pamphlet giving all details is being issued by the Health Department of that city, and, with the one previously issued on the medical inspection, will supply towns now planning this work with information. From all points of view this success should be peculiarly gratifying to nurses, and should stimulate them to fresh endeavors. More than any other branch of nursing, the public-school offers the opportunity for public service of a high type, because it is so closely related with all the forces working for good citizenship. Men and women who are defending the right of the children to a good education—those who are fighting the evils of child-labor, of bad housing, of unsanitary cities, of homes turned into work-shops, are all eagerly welcoming the nurse, with her practical ability and her intimate touch with the people, as an ally. Public-School nursing means an immense deal more than just tying up small cuts (this limited conception being held by the English lay nursing press). It means the opportunity for prevention and health missionary work even more extensive than that of the district nurse, out of whose devoted labors it has grown. The visiting nurse and her coworkers have supplied the first impetus to this branch of the care of the public health, and

have demonstrated its possibilities and given object lessons of what it should be both in England and at home. It is an achievement of which they have every reason to be proud. No branch of work shows in a prettier way the dependence of medicine for good results on nursing, or the necessity of rounding out the plans of men by the personal solicitude of women. The neglected children formerly excluded from school by the medical inspectors played on the street without treatment and lost their schooling as well. Now, with the practical details given over to the nurse, the medical inspectors are thoroughly examining the eyes and the whole physical condition of the school children, and the whole immense field of physical development, nutrition, and life conditions of the child, is being opened up to intelligent scrutiny. In every city where there are no school nurses organizations of nurses should lead the agitation for their appointment.

Extracts from Miss Rogers' annual report showing work done in New York City during the past year are found on another page.

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### THE FUTURE OF OUR ASSOCIATIONS

How are our alumnae associations to be improved? After considering the many lines of work and interests that are open to our local associations comes the question: Are they alive to their many possibilities, or are they not? Now, to answer this truly, let us all be perfectly honest and candid with ourselves. No polite generalizing, no amiable rose-coloring of statement. We have a few excellent associations, that do excellent work, where there is an *esprit de corps* and where traditions are handed down that keep the younger ones inspired. But is it not a fact that nine-tenths of our meetings are deadly dull; a waste of time; a bore and an affliction of spirit? That all of the work is done by two or three overburdened people? That the others do not even feel an interest in what the few are doing, far less support and encourage them? We know of associations where nothing but the nice cake and coffee draws a few members together; others, where the younger members only appear when they have some extra-fine clothes; others, where the whole time is spent in wearisome hair splitting of parliamentary procedures,—nothing live, nothing vital, nothing inspiring. Then, we hear complaints that the members will not come to meetings, that the new graduates will not join, and that the old ones are stupid. Enough of criticism. We all know the state of the case. What is to be done?

In the first place, it is our opinion that a greatly more determined and systematic attempt should be made to bring into the associations the oncoming classes. It should be a matter of course that the graduating class would enter the Alumnae Association as a body. But there are very few schools where this occurs. On the contrary, it is quite the rule that out of every graduating class, say of twenty, three, or four join the Alumnae. Why is this? It is because the Alumnae have shown no interest in securing membership? Heretofore this has been left to the superintendents,—busy women, whose daily duties are steadily becoming more complex and numerous.

The Superintendent's duty in this matter is easily defined. She should see to it that during the entire period of training in the hospital the pupils receive proper instruction in regard to their obligations to the profession which they are preparing to enter. This should be done by informal talks from time to time in class, with perhaps once a year a lecture to the whole school given either by the superintendent herself or by some one selected by her.

Then a short time before the senior class graduates members of the alumnae association should be given an opportunity to spend an evening with the class, acquainting the members with the object of the association, what it stands for, what it is trying to do, and how it can be helpful to the individual nurse.

Having given the alumnae association this opportunity, the superintendent's obligation to the association in regard to the matter of securing new members is at an end.

We would suggest, however, that if the superintendent fails to invite the alumnae for such a conference with the graduating class, that the alumnae take the initiative and request that this privilege may be granted to a committee of its members.

After the pupils have left the hospital it then becomes the business of the alumnae and not the business of the superintendent to bring the new graduates into the association.

We will predict that if this yearly talk was given by members of the association outside of the hospitals, there would be results; not all at once, but results.

Having done this, and invited the class to join as a whole, the Association might easily make some little informal social affair to welcome them and make them feel that there is a social center and bond. As to meetings, routine business should be transacted as quickly as possible and put out of the way. A frightful amount of time is wasted over unimportant details, which could be dispatched with a word and in

a moment; also in waiting for tardy members to make a quorum. More time should be given to informal social gatherings, where members could move about and meet each other, instead of sitting around the wall like a row of images. Most important of all, some work of real importance, and genuine usefulness should be taken up yearly, and associations might well be divided into departments, like the women's clubs, each department having its special work. Every member of the association should be in one of these departments; thus all would feel a share in the interest and responsibility, which now are loaded on two or three chairmen of committees, or on the president.

Instead of making routine monthly reports to the JOURNAL, all sounding exactly alike, and consisting principally of names, associations could report when something was done; when an achievement had been completed; when some worthy success had encouraged them.

We have given in these pages what we consider to be the ideal lines of development with the ideal division of work and interests for the future life and up-building of our organizations.

The Alumnae Association has been a powerful factor in the development of national unity; can it be extended to meet the needs of the growing future; is it possible to overcome the fostering of school lines and the narrowing of interests which at the present time seem to be a threatened danger?

Have its days of usefulness passed and is this the cause of the prevailing inertia, to the existence of which we cannot blind ourselves?

If this is true, then what is to be our next line of development?

With fresh vigor we must get to work. Stagnation will be our ruin.

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#### OUR PRIVATE NURSING EDITOR

We announced in our last issue that at the January meeting of the Journal Directors, it was decided to appoint a salaried Private Nursing Editor who would devote her entire time to subjects dealing exclusively with the work and interests of private nurses.

Miss Catharine De Witt, who has been appointed to this position, was born in the State of New York, received a college education in Massachusetts, graduated as a nurse from the Illinois Training-School in Chicago, and has practiced her profession in nearly every state in the Union.

Immediately after receiving her nurse diploma in 1891 she was



enrolled in the directory of the Illinois school and took anything and everything that offered, hard and easy cases alike, for a long period of years. She has more recently specialized in obstetrics. She was at one time the president of the Illinois Alumnae and has been always closely in touch with the organization life of her profession.

In addition to all of this exceptional and broad experience she possesses a naturally gifted pen, as has been demonstrated in her contributions to the earlier numbers of this journal.

During the five years which have just closed the burning question with the great nursing body all over the world has been organization leading to state registration. This journal has been the leading organ in the United States in this movement for state registration; much of our space has been occupied by reports of organization work and of papers pertaining to such work, and as the result we have practically the whole country organized on uniform lines. There is a friendliness, an *esprit de corps*, existing between the nurses of the North, South, East and West, such as was never dreamed of before the JOURNAL's existence. We are exceedingly proud of this achievement.

During this time, however, the needs of the women absorbed in private nursing have not been forgotten. Every number issued has contained more or less matter of importance and value to this class of workers, but the feeling has grown, and we have been perhaps the first to recognize it, that the vitally important questions pertaining to organization have in a measure overshadowed the more simple and practical subjects belonging to the daily life of the private nurses.

Organization is in a measure an old story; it is established, and each State and city has a group of educated leaders who may be trusted to act as guides in all matters of organization detail. The JOURNAL now proposes to turn its attention more particularly and closely to those matters of nursing care and methods that the great rank and file are demanding at its hands. 1906

With April our new Private Nursing Editor will begin her work and it is our intention to make the May issue a special private nursing number.

We want to remind this class of workers, however, that if the JOURNAL has sometimes lacked practical papers pertaining to their special line of work, it is, to speak plainly, their own fault.

It has been a constant effort of the editors and collaborators to induce the private nurses to write original papers pertaining to their peculiar work, and we have had some splendid contributions from private nurses, but the great bulk of our material has been contributed either by

the very busy superintendents of hospitals or by the organization leaders.

Under the guidance of our special Private Nursing Editor we shall look for more cordial coöperation from the private nurses.

It is only fair to say that nurses who will not help to make the JOURNAL interesting should not criticise it for not furnishing such material as they desire, bearing in mind that this magazine is a professional journal and not a commercial enterprise; that its aims are to educate, not to reap dividends, and that as the official organ of the Associated Alumnae with its affiliated membership of more than ten thousand nurses, the responsibility for its success rests quite as much upon the great rank and file of private duty nurses as with the small group of women who have carried forward its development until the present time.

Organization, with all that pertains to it, will continue to occupy an important place in our pages, but the needs of private nurses will receive greater attention during the coming years.

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#### RESEARCH WORK BY NURSES

THE Lakeside Hospital School for Nurses, Cleveland, Ohio, offers to its third-year pupils a special prize of the value of \$75 for the best paper written upon a subject selected by the Training-School Committee; the papers to be submitted for examination to the Training-School Committee, and the prize not to be awarded unless the paper offered be of sufficient merit.

Subject selected for this year—"The Alleviation of the Discomforts following Anesthesia."

Also a prize of the value of \$25 has been offered to the third-year pupils by Dr. Edward F. Cushing, for the best paper on "The Nursing of Sick Children."

This action of the Lakeside School will have double value in the education of the nurses not only in training their powers of observation but in cultivating the habit of expressing themselves in writing, a form of development in which we have reason to know the average private nurse is lacking. We have come to the conclusion that it is not from the lack of knowledge or time that makes it almost impossible to persuade nurses in private practice to write of their work, but because the habit of literary expression in regard to things pertaining to their profession has not been properly developed during the period when they were

acquiring the fundamental principles of their profession. The rush and pressure of the daily hospital routine has of course been responsible in a large measure for this, and that time and opportunity are to be afforded in the Lakeside School, with the distinct object of encouraging and stimulating the powers of observation, to develop the ability to write intelligently upon the knowledge gained, for the express purpose of glean- ing information that may be of value to the nursing profession and to mankind, is a great stride in the right direction. The JOURNAL will reap the benefits as the years go on.

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### CENTRAL VERSUS ALUMNÆ DIRECTORIES

THE nurses of Baltimore are agitating the question of a central directory and the last quarterly of the *Johns Hopkins Alumnae magazine* gives the opinions of nurses in different lines of work, both for and against the establishment of such a directory. This is a subject which we think should be given very careful consideration in all of our organizations, regarding it not from the commercial standpoint, but as one of the lines of broader professional growth. We are gradually coming to the opinion that the alumnae directory, as it is now managed at least, tends to foster school lines and in this way is a detriment to professional growth.

Miss Maderia in the Baltimore discussion has brought out an idea which we think of very great value. She says: "In many ways I think a Central Directory is a good thing, bringing all schools together and making us all stand on our own feet as individuals, rather than being known simply as graduates from a certain school." We think Miss Maderia has touched a point of very great importance and one which may be the cause of the lack of broad liberal professional growth on the part of the members of so many of our alumnae associations.

In the alumnae directory a nurse is sent for, not because of the quality of her work, but because she is a graduate of that particular school. It is not being demonstrated, at least in some places, that, because of this easy way of securing "cases" without competition or personal effort on the part of the woman, she sometimes deteriorates both in character and skill; and may this not account to some degree for the fact that physicians prefer the younger women fresh from the discipline and the methods of the training-school?

In the centres where there are large numbers of registered nurses,

we believe that a central registry governed by a county or graduate association would not only serve as a stimulant to professional development but prove to be a great convenience to the public, and under proper business management would lead to the establishment of libraries and meeting-places for the women of the nursing profession, regardless of school lines.

#### THE CENTRAL REGISTRY FOR GRADUATE NURSES OF CLEVELAND, OHIO.

As we go to press we learn that a central directory has been established in Cleveland, and a brief outline of the history of this registry may be of interest to the readers of the JOURNAL.

About two years ago the registry was established by graduate nurses, and the registrar appointed was a graduate of a training-school in good standing.

For two years the registry has not been a success, simply because the graduate nurses of Cleveland failed to appreciate the effort that had been made in their interests. Without the best nurses on the registry list, the medical profession, although anxious to patronize a good registry, could not give it their support. The financial burden for the two unsuccessful years was gracefully borne by the Graduate Nurses Association, because it felt that Cleveland needed such a registry; that the medical profession was entitled to the convenience, and that it was one small step in the way of raising the standard of nurses.

In October last the nurses finally decided to patronize the registry, and now there is a membership of above one hundred, representing the best nurses in the city.

The registry now receives many calls, and the members feel that they now have the coöperation of the medical profession.

All applications are sent to the registration committee. This committee has worked long and steadily under the most discouraging circumstances, yet not one of its members is doing private nursing. Such untiring and faithful effort is bound to finally bring its reward, and this registry in Cleveland, established by nurses managed by nurses, in charge of a nurse, is at last on a fair way to be a success.

#### OTHER EXPERIMENTS

The Boston Nurses' Club has conducted a central directory successfully for a number of years. There is also one of this kind in Seattle, Wash. We would like to hear from directories of this class from all over the country.

## NURSES' UNIFORMS WORN IN THE STREET

A NURSE in sickroom is supposed to wear clean clothing, her uniform is of washable material so that it may be clean and not hold the germs of disease. She is expected to put on a perfectly clean wash dress after going into the house of a patient, and to change at least once a week, or oftener, as occasion may require.

In cases of surgical operation her cleanliness of person and clothing is of the same vital importance that it is in the hospital.

Nurses in hospitals are not supposed to wear their uniforms on the street or outside of the hospital; the only nurses who are permitted to do this are the visiting nurses. Some hospitals are more exacting than others in regard to the enforcing of this rule, and some nurses will go out on the sly in their uniforms, knowing that they are breaking a rule of the hospital, as well as a law of hygiene.

A skirt that has been worn in our street-cars, trailed over our sidewalks, slimy with expectoration, drabbled through the mud of the streets in sloppy weather, is a danger in any sickroom. Patients whose resisting power has been weakened by any kind of illness are peculiarly susceptible to the contagious diseases, especially tuberculosis and diphtheria, two diseases that give off their most dangerous poison from the discharges from the lungs, throat and nose.

A woman who will wear her uniform in the street has either been badly trained or is disregarding one of the most important laws in regard to public health which her training-school has taught her; she is an unsafe person to have in the home, and the public should not employ such women, and would not do so if it understood the danger of having her dirty skirts in the home.

Furthermore, the wearing of the uniform makes a nurse conspicuous wherever she may be; the fact that she wears a long coat over her dress and apron, particularly when the coat is left flying open in the front and is slashed to the waist at the back, does not conceal her identity or protect her dress from the contamination of the street.

In fact, the long coat by holding the skirts down, causes a greater amount of dirt to adhere to the garments.

In England nurses have worn uniforms in the street until the dress has been adopted very widely by women of disrepute, who wish to gain entrance to the homes of the people for dishonest purposes, until it has become a great abuse in all of Great Britain.

No nurses except the district nurses can be justified in being seen in the streets in uniform. This special class of nurses should be dis-



tinguished by the fact that they are going earnestly about their business, not shopping in the stores or walking in the streets with young men, and to those nurses the uniform is a protection, although in many cities the district nurses go into the very heart of the slums without any distinguishing costume.

The wearing of the nurse's uniform in the street is first of all unsanitary for the reasons which we have cited, and it is unprofessional because it advertises the occupation of the wearer and makes her conspicuous. We think we can truthfully say that the custom is condemned by all nurses of the highest ideals. We think it is a matter that should be taken up by nurses' organizations, and we recommend a little newspaper publicity of such a character that the people will be made to understand the dangers of the practice and that it is only nurses of the second and third rate, or no rate at all, who are seen about in street-cars, stores, restaurants and theatres in their nursing costume.

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## PROGRESS OF STATE REGISTRATION

### NEW YORK

SECTION 206 of the Nurse Practise Act of New York in effect April 7, 1903, contains the following:

Before beginning to practice nursing every such registered nurse shall cause such certificate to be recorded in the county clerk's office of the county of his or her residence, with an affidavit of his or her identity as the person to whom the same was so issued, and of his or her place of residence within such county. In the month of January, 1903, and in every thirty-sixth month thereafter, every registered nurse shall again cause his or her certificate to be recorded in the said county clerk's office, with an affidavit of his or her identity as the person to whom the same was issued, and of his or her place of residence at the time of such registration.

In section 209, under "Violations of this Article," we find "any violation of this article shall be a misdemeanor."

When any prosecution for violation of this article is made by the New York State Nurses Association . . . the fines collected shall be paid to said association, and any excess in amount of fine so paid over the expenses incurred by said association in enforcing the provisions of this article shall be paid at the end of each year to the Treasurer of the State of New York.

It has been found that a great many nurses have neglected to comply with this condition of the law; large numbers not registering their

certificates at all, and many who did register them promptly after being received, have failed to re-register in accordance with the requirements of the statute in January, 1906.

In at least one city the county clerk has refused to re-register such certificates after the January limit had expired. An appeal to the Education Department at Albany has brought the following ruling from Dr. Howard J. Rogers, First Assistant Commissioner of Education, in a letter addressed to Miss Sophia F. Palmer, President of the State Board of Nurse Examiners, in which he says:

In reply to your communication of February 9 asking for a ruling on the matter of the re-registration of nurses during the month of January, 1906, as required by section 206 of the public health law, I beg to state as follows after a consultation with the Attorney-General:

The clause requiring that every registered nurse shall in the month of January, 1906, and every thirty-sixth month thereafter again cause his or her certificate to be recorded in the county clerk's office, etc., is directory in its terms and no penalty attaches if the re-registration is not made. Further, the county clerks of the various counties may within a reasonable time after January 31, 1906, accept and record re-registrations under this act.

On the other hand, if a nurse does not record his or her certificate again, as required by the statute, within a reasonable length of time, they cannot use the letters R. N. after their names or claim to be a registered nurse within the meaning of the said law. Should they without such re-registration continue to use this title, or to so term themselves, they would be guilty of a misdemeanor and could be proceeded against under section 209 of the law.

Our understanding of the matter is that it will be the duty of the New York State Nurses' Association at the regular April meeting to call for an investigation through the county associations of the manner in which the conditions of the law are being complied with in regard to the registering and re-registering of certificates with the county clerk.

The terms of the waiver will have expired and the full conditions of the law will then go into effect.

All organizations affiliated with the state association should in the meantime take this matter up, appoint a committee to examine the books of the county clerk and notify delinquent members of the penalty of prolonged delay.

Having secured the passage of the Nursing Act it is certainly the duty of the state association through its members to see that every condition which it contains is fully enforced.

**AN ATTACK UPON THE NEW YORK LAW.** The New York State nurses are in a little flurry of excitement over a bill introduced by

Senator Cooper on February 19th, known as Senate bill No. 462, which has for its object the repeal of the Armstrong bill which became a law April 27th, 1903, and the establishment of a Commission for the regulation of the practice of nursing, to be composed of three medical gentlemen drawing the modest salaries of 7500, 4500 and 4000 respectively, with a board of five examiners, composed also of physicians.

This bill was also introduced into the House by Assemblyman Dowling on the 21st and the promoter of the bill, if we are rightly informed, is a Dr. Edward E. Hicks of Brooklyn.

After providing liberally for offices both in Albany and New York, and a paid clerical force, the duties of the Commission are outlined in detail. We give only those most important for want of space.

The Commission is to inspect at least once a year all training schools or institutions which may be in any way connected with a training school; to supervise the training of all student nurses in such training schools, regulating the hours of service, rest and recreation, to receive and remedy complaints made by any pupil, nurse or official or any citizen concerning the administration of such training schools; to formulate a curriculum of study and to make rules and regulations governing the examination of student nurses and the granting of diplomas to the same.

The said Board shall hold and conduct examinations of applicants for licenses to practice nursing, all applicants of whatever class having first to pass an examination before being granted this license.

Candidates for the Board of Examiners are to be nominated to the governor for appointment by the Medical Society of the State of New York and the Homeopathic Medical Society, according to the terms of this bill, but we do not understand that this provision is in any sense or in any way authorized by either Society.

In opposing this measure the nurses will have the support of the legislative committee of the Medical Society of the State of New York, and of all training schools, which if this measure were to become a law would be deprived of all independent management of their own institutions, and of the more liberal and intelligent men and women of the State who gave their active support to the passage of the Armstrong Bill, the administration of which law by the Regents of the University of the State of New York has proved to be of even greater value than was anticipated.

We cannot deny that there may be abuses existing in some schools, such as long hours, poor accommodations, unsatisfactory food and unjust treatment of a pupil at the hands of an arbitrary superintendent, but

all of such abuses will be remedied in time through the educating influence of the Armstrong statute as it is being administered through the Education Department at Albany.

The Cooper bill providing as it does liberal salaries for so many men is certainly suggestive of politics and graft when compared with the modest expenses which are entailed by the Education Department and the Nurses' Board of Examiners in the administration of the present law. From 1800 to 2000 dollars per year would cover the salaries paid the examiners and the clerical duties are largely performed by the regular force of the Education Department.

Mrs. Marian D. Brockway, 182 West 73d Street, New York, the chairman of the legislative committee of the New York State Nurses' Association, is calling upon the legislative committee of the affiliated societies throughout the State for cooperation in opposing the Cooper bill. Let all be active in opposing this most pernicious measure.

**MARYLAND.** The report of the Maryland meeting shows a splendid professional spirit among the members. Miss Nutting declined to be nominated for re-election and was succeeded by Miss M. C. Packard (Massachusetts General), who has been identified with nursing affairs in Baltimore for many years. The Maryland report should be read with care as it is full of helpful suggestions.

In this State an amendment is before the legislature to compel the recognition of training schools which continue the practice of sending pupils out to earn money for the hospital, the old worn out plea of nurses for the deserving poor being the reason given instead of the honest statement that the law as it stands interferes with the commercial interests of a certain class of hospitals. This measure is being vigorously opposed by the Maryland State Nurses Association and the supporters of the existing law, and we cannot believe such an amendment can be carried to a successful issue. This question will undoubtedly be settled before our next issue.

**IOWA.** In Iowa the bill now before the legislature is receiving much opposition and as we go to press the chances for success or failure seem to be about even.

The attitude of the medical profession is generally favorable throughout the State and the Senate Committee have reported in favor of the bill with a Nurse Board of Examiners, but there is much opposition to be overcome in both houses and what the result will be when the final vote is taken no one can say.

No law is better than a bad law and we have reason to believe that the Iowa nurses will withdraw their bill rather than accept one of poor standards.

**MASSACHUSETTS.** In Massachusetts the bill is again before the legislature the fate of which will probably be known before our next issue. We understand that some undesirable concessions have been made in this bill and we are inclined to think that defeat may be more to be desired than success.

**INDIANA.** In Indiana Miss Lizzie M. Cox, one of the Board of Examiners, has been appointed inspector of training schools, and will visit every school in the State during the year.

The law is being administered in a very satisfactory manner.

The next regular meeting of the Board of Examiners or Commission as it is called in Indiana, will be July 2, when officers for the year will be elected and a standard of education for training schools to be accounted in good standing determined. An examination will also be held at this time.

Miss Minnie S. Tye is the president of the "Commission" and not Mrs. Fournier, as we stated in a recent issue. Mrs. Fournier is the president of the Indiana State Nurses Association.

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#### WORK OF THE RED CROSS

MISS MABEL BOARDMAN of Washington, D. C., a member of the National Red Cross Executive Committee, made a tour across New York State early in the month, giving addresses at Albany, Utica, Syracuse, Rochester, and Buffalo, in which she gave an outline history of the Red Cross origin and development in different countries.

In Rochester she gave a special talk to the nurses of the city upon invitation of the Monroe County Registered Nurses' Association, and the assembly-room of the beautiful nurses' home of the City Hospital was thrown open for the occasion. More than one hundred nurses had the pleasure of listening to Miss Boardman, who dwelt at length upon the importance of the nurse's place in the reorganization of the Red Cross Society of the United States. She emphasized the high standards that will be required of nurses who are enrolled for this service as regards character, technical skill, and health, and stated that it had been agreed that in case of war the Red Cross nurses were to be the army nurses.



Miss Boardman is constantly going about the country in the interest of this work, and we suggest that she should be invited to speak before nurses' organizations. Nurses need educating along these lines

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#### MRS. ROBB'S TEXT-BOOK REVISED

THE third edition of the text-book on Nursing by Isabel Hampton Robb will be ready for publication March first. In preparing this revised edition the entire material has been gone over carefully. The arrangement has been altered somewhat, Chapter II and III having been combined to form Chapter II, and Chapters XVIII and IX to form Chapter IV. Two new chapters have been added, and elsewhere new material has been submitted for old. The first chapter has been entirely changed. Instead of the schedule for a two years' course a suggestive outline for the division of work over the three years of instruction, which is made to include a six months' preliminary course, has been given. Fifty pages of new material have been added, making this book the largest and most comprehensive of its kind in existence.

This standard book is now completing its thirteenth year and is the recognized text-book in hospitals and training-schools.

Mrs. Robb has given very careful study to the revision of this book, and in methods of practical nursing only the most thoroughly tested processes have been given, particularly in the chapters on aseptic surgery.

The revised edition is published by E. C. Koeckert, 715 Rose Building, Cleveland, Ohio, but it can be ordered from all booksellers. The price remains the same,—\$2.

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#### THE VISITING NURSE QUARTERLY

THE second number of the *Visiting Nurse Quarterly* is very attractive, containing many reports and contributions of special interest to the district workers. Miss Johnson's article, "The Visiting Nurse and Acute Illness," is a plea for the advantages of keeping certain classes of very sick patients in their homes rather than to follow a hard-and-fast rule of sending such cases to a hospital.

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#### THE NURSING HISTORY

Miss NUTTING and Miss Dock are working hard at the "History of Nursing" which they are preparing in collaboration. The book will

probably be quite large, as they wish to make it a full and comprehensive study of nursing in all ages and countries. The material is extensive but widely scattered, and it is hardly possible that the work can be finished before the autumn.

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#### CHANGE OF DATE OF THE DETROIT MEETING

THE time of the meeting of the Associated Alumnae has been changed from May 1, 2, 3 to June 5, 6, 7, as an accommodation to the nurses of Detroit, where the meeting is to be held, and because the weather is usually more delightful in Michigan in June than a month earlier. There is every promise of a very full attendance and the program will be exceptionally interesting. The meeting of the superintendents of training-schools is to be at the end of April in New York City.

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#### NURSE INSPECTION OF NEW YORK CITY SCHOOLS

EXTRACTS FROM THE ANNUAL REPORT OF MISS LENA L. ROGERS,  
SUPERINTENDENT OF SCHOOL NURSES

THE general condition of the school children at the beginning of the year while much improved left much to be done in regard to cleanliness, taking care of the eye and skin diseases, and eradicating pediculosis.

During the year the standard of cleanliness in the schools has been much improved. Children, encouraged by the nurses, take baths more regularly; clean clothes are put on oftener; the nails and hair are kept in better condition; tooth-brushes are used now as parts of the daily "cleaning-up" process, where they were quite unknown before. Children with trachoma bring their dispensary cards regularly to the nurse in the school, so that she may see that the treatment is being received. Skin diseases, such as ringworm, impetigo, favus, etc., the nurse takes care of in the school, and the child being allowed to remain does not lose any time.

The visits to the homes is a very important feature, and much valuable work is being done by teaching the parents what is required of them. They are instructed in keeping the children clean, carrying out treatment begun in school by the nurses, obtaining glasses for the children with defective sight, and taking children to their physicians or to dispensaries for treatment. Where the mothers are ill or cannot leave home on account of many other smaller children, the nurse takes the

children to the dispensary herself. The number of trachoma cases looked after by the nurses has increased rather than diminished. This is due to the fact that they are under much better supervision, since the staff has increased. More visits can be made, consequently, more children looked after and cured. Time can be taken to get under treatment younger children in the homes, who have not as yet been to school.

The parents, too, are beginning to realize through this teaching the importance of having their own eyes cared for, and it is not unusual to find mothers at the dispensary with their children receiving treatment themselves. Moreover, many unsanitary conditions are brought to light, during the nurses' visits to the homes. Instances are found where children sent home with scabies work on the sweat-shop clothing and carry it to and from the shop. Cases of contagious disease not reported (tuberculosis, measles, etc.) are also found, and many other non-observances of the law. These are all reported to the proper divisions. Where a destitute family is found, the relief societies are notified and the proper aid is given. During July and August, while the schools are closed, the nurses are assigned to "summer corps" work. Their duties are to make inspections in the tenements and where a child under one year of age is found they forward a card indicating the general conditions and health. In case of illness, the nurses are detailed to take care of the child until it is well and to give careful instruction in regard to feeding and hygiene.

*Contagious Staff.*—Two nurses are detailed to look after cases of scarlet fever and measles not sent to hospitals, and who are too poor to pay for skilled nursing. This is a very important branch of the work. The parents are instructed in the care of the eyes, nose, and skin, in proper isolation and disinfection, the dangers of complications and the manner in which contagion may be carried. The nurses wear cotton gowns which are disinfected each day at the hospital. These are put on and removed on going in and out of the houses. During the year people have learned to report cases voluntarily, knowing that they will be cared for if assistance is asked. Much preventive work is consequently being done.

During the year seven nurses resigned and twenty-three were appointed, making a staff of 50.

They are assigned as follows:

Nurses	Nurses	Schools
Manhattan .....	31	150
Brooklyn .....	14	97

Bronx .....	1	8
Queens .....	2	18
Richmond .....	2	8

Following are the names of the nurses appointed during the year:

Miss Joanna V. Shea, St. Mary's Hospital, Brooklyn, '00.  
 Miss Adelaide Bonyage, Post Graduate Hospital, '02.  
 Miss Rose Healy, St. Vincent's Hospital, '05.  
 Miss Eleanor Hobart, Soney Hospital, Brooklyn, '08.  
 Miss Eleanor Rymal, Buffalo General Hospital, '08.  
 Miss Rosalie Kuschka, Soney Hospital, Brooklyn, '08.  
 Miss Madara Allen, Post Graduate, '03.  
 Miss Elizabeth Farrell, New York City Hospital, '01.  
 Miss Christine Schaefer, Metropolitan Hospital, '01.  
 Miss Gertrude Allwein, St. Joseph's Hospital, Yonkers, '08.  
 Miss Margaret Cummings, St. Mary's, Brooklyn, '03.  
 Miss Mary E. Pionketti, Connecticut Training School, '08.  
 Mrs. Louise Barnard, Brooklyn Eastern Hospital, '02.  
 Mrs. Lillian Anderson, Bellevue Hospital, '04.  
 Miss Margaret Rosen, Post Graduate, '01.  
 Miss Margaret Hope, Bellevue Hospital, '03.  
 Miss Josepha Kirchbaum, German Hospital, '08.  
 Miss Maude Royce, Post Graduate, '01.  
 Miss Emma J. Cliney, Lebanon Hospital, '08.  
 Miss Sarah Nelson, Long Island College Hospital, '03.  
 Miss Mary A. Daly, St. John's Hospital, Long Island, '04.  
 Miss Mary J. Whalen, St. Mary's General Hospital, Brooklyn, '02.  
 Miss Helen Tucker, St. Mary's General Hospital, Brooklyn, '02.

#### NUMBER OF CASES CARED FOR BY THE NURSES (50) DURING THE YEAR 1905

Pediculariosis .....	616,384	Scarlet fever .....	1,970
Eye diseases .....	186,805	Measles .....	2,292
Trachoma* .....	88,080	Diphtheria .....	283
Scabies .....	2,805	Erysipelas† .....	132
Ringworm .....	21,111	Miscellaneous .....	50,809
Impetigo .....	13,491		
Favus .....	2,645	Total .....	980,637
<hr/>			
Tenements visited .....			40,070
Schools visited .....			25,943
Miscellaneous visits .....			1,344
<hr/>			
Total visits .....			67,357
No. Children treated .....			93,411
No. Children examined .....			1,351,083

\*Sent to Dispensaries.

†Experiment only.

The following cities have nurses as part of the medical inspection in their schools: Philadelphia, Baltimore, Cleveland, Chicago, Los Angeles and Grand Rapids.

Money has been appropriated for this work in Washington and a nurse will begin work right away. Boston is at present making an experiment, the Nurses' salaries being paid by two clubs. Pasadena, Cal., is about to install the system there. Buffalo and Detroit are making efforts at present to secure nurses for their schools.

Several smaller towns contemplate taking up this work in conjunction with the district nursing.



**NURSING AFTER GASTRO-ENTEROSTOMY****BY MARY BROOKS EYRE**

Graduate St. Luke's Hospital School for Nurses, Denver, Colorado

It is only since the world at large has begun to distinguish appendicitis from old-fashioned stomach-ache that it has learned to put faith in the operation of appendectomy. In like manner, people are now becoming acquainted with the operation of gastro-enterostomy, for the cure of some of those stomach disorders which used to be loosely classed under the head of dyspepsia, as well as for the more advanced stages of gastric and duodenal ulcer and of gastric cancer, to relieve which this sort of operation has long been done.

We as nurses are not concerned with making the diagnosis, nor need we stop to debate the question of medical or surgical after-treatment. Our business is with the actual manipulation of the patient, and inasmuch as this branch of stomach surgery is becoming so common, a few words as to its nursing may not come amiss.

In order that the nurse may intelligently coöperate with the surgeon, she must know the general outline of what is to be done. The operation of gastro-enterostomy consists of making a new opening and union between stomach and bowel. It is a device to ensure drainage; for although a normal stomach empties itself not by gravity but contraction in diseased conditions it may not be able to do its regular work.

Methods of operation vary, most of our surgeons doing the gastro-jejunostomy recently perfected by the Drs. Mayo, where a posterior anastomosis is made between the lowest point of the stomach and the adjacent first part of the jejunum, thus avoiding a loop in the bowel and the so called "vicious circle," i.e., a backflow of bile into the stomach.

Doctor's orders for internal preparation of the patient also vary, from sterilized foods and stomach lavage with sterile water for two days beforehand, to no precautions whatever, except to ensure an empty stomach and bowel for twelve hours previous to operation.

The stomach itself is sensitive only when pulled upon, so that a minimum quantity of anæsthetic can be given during the actual work upon it. The patient need have little, if any, post-operative vomiting where the anæsthetic is skillfully given; we may feel proud that it is from the cases of a nurse anæsthetist, with over thirteen thousand anæsthesias to her credit, that this has been proved.

After the patient is returned to bed, there may be a little blood

vomited. Although bright at first, this becomes each time darker and more scanty.

The nurse will watch for syncope, hemorrhage from stomach or bowel, and later for symptoms indicating toxic absorption. Extra precautions against cold should be taken, as stomach cases seem especially liable to pleurisy and pneumonia. The patient may indeed complain of "pleurisy pain," as the high incision affects muscles used in breathing, so that respiration is apt to be shallow for the first forty-eight hours. Temperature and pulse are the best indicators here of safety or danger.

When well out from the anæsthetic, the patient is raised and propped with pillows in a sitting position, which is kept continuously for the first few days and nights, to promote drainage.

Among different contrivances for holding the patient up, a "stiff pillow" can be recommended, stuffed with excelsior and made like a section of a square block that has been cut diagonally through the middle, with its back and base at a right angle to each other, and its third side sloping. With soft pillows piled on its sloping side, it gives a firm support for the patient's back. Incidentally, it makes a good brace for the feet if relegated to the foot of the bed, or a knee-rest if turned over on its long side. Any plan that will enable the patient to sit upright with comfort, is advisable.

Enemata of salt solution, and of stimulants if necessary, are given at very low pressure. The time for giving water by mouth varies from one to three days after operation, hot water being pushed after the first to encourage the stomach to act. Both buttermilk and beer are well tolerated, the gas of the latter being said to act as a starter to post-operative gas in the stomach.

After the beginning is made liquids are given freely, followed in due order by gruels and their kin. Solid food is withheld at least ten days, but it is surprising to the nurse who is new to stomach surgery, with what ease and grace the newly-sewn stomach can despatch its food, and clamor for more!

When there has not been great debility, or anæmia due to previous hemorrhage, the patient is lifted out of bed to a rocking-chair during the second week, and may be expected to get about a little, during the third. The length of time in bed is generally regulated by the length of the incision. As the gastro-enterostomy patient is seldom encumbered with fat, the wound, if clean, heals quickly.

After operation, digestive disturbance may continue for several months; gas may be troublesome, small quantities of bile may be present in the stomach, and sloughing catgut will occasionally cause distress. A

glass of hot water before each meal is as helpful as medicine for these ailments, their eventual cure being the *free outlet that relieves the irritation of stagnating food in the stomach.*

The number of pounds that some of these patients gain, verges on the sensational. Frequently forty, fifty, and even seventy pounds are put on in short order by the gastro-jejunostomy cases. Results in the Finney operation of gastro-duodenostomy are longer in showing themselves.

Nourishment is the keynote. An ordinary mixed diet is advocated, given in moderate amounts but often, until the stomach can stand its three square meals a day.

The nurse, however, will do well to bear in mind that most of this class of patients are true-blue dyspeptics: invalids with nerves starved and functions perverted, who stick to their preconceived ideas of diet with the tenacity of adhesive plaster. The nurse must be bland but persevering in enlarging the bill of fare, and in winning her patient back to the thoughts and habits of health. She will often have opportunity to reflect with Mark Twain that "habit is habit, and cannot be thrown out of the window, but must be coaxed downstairs a step at a time."

The coaxing process may tax her cheerfulness to the utmost, but let her take comfort in the verdict of an eminent surgeon: "There is no class of surgery that we do, that gives us on the whole such satisfaction as our stomach work."

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## CHILD LABOR

BY LILLIAN D. WALD

Nurses' Settlement, New York

THE National Child Labor Committee met in Washington in December last, a serious gathering of a few overworked men and women in the interests of the working children of this great nation, whose condition is fast becoming the humiliation of America. England had the scandal of wage slavery of children of tender years in the beginning of the last century, but the people of the United States have not had enough wisdom or humanity to learn by her experience how to protect those who are helpless to protect themselves against the exploitation of sordid-minded employers or an indifferent public.

In respect to the employment of young children, America does not rank with highly civilized countries like England, Germany and France,

but with Spain, Italy, and Russia. Child labor has been extending with frightful rapidity in our midst for a number of years, and it was discouraging to learn, from the reports read at the convention, that in spite of agitation going on in many States, and the fact that some thirty-five States now have some kind of restrictive legislation, child labor is on the increase, owing to the multiplication of factories, both of cotton and glass.\* The great manufacturers who employ children as young as seven and eight years old for from twelve to fourteen hours a day and from ten to twelve at night, make various excuses to defend their greed. Sometimes it is the plea of giving the children knowledge of a trade; sometimes it is the sentimental explanation of a widowed mother; sometimes the frankly mercenary declaration that without child labor they cannot run their business.

Owen R. Lovejoy, in his paper read at Washington, said in regard to the "widowed mother:" "The excuse most frequently met is the plea for the 'poor widow' who will be left without support if her little boy and girl are taken from the factory or store. In every community she is found, and the advocates of her cause are both numerous and powerful. Men of commanding position in the community, as business men and as philanthropists, openly avow the justice of the employment of children of tender years, in labor that dwarfs the body and stifles intellectual growth, because the poor widow would suffer for bread if they were to be emancipated. The plea is a plausible one, but the facts do not justify its claim. Only a small proportion of those whose little children are employed at hard labor are 'poor widows,' and for these we dare believe society can better afford to make adequate and honorable provision, recognizing their service to the community in the care of their young, rather than that the young, the only real wealth the community can boast, should be made a meat offering to the hunger of the parent. Let us forever put to shame this brazen slave-master of childhood which poses as philanthropy by showing that whatever the sacrifice, the children of our generation shall not be made the means of livelihood to any member of the community."

As to the plea of not being able to keep in business without child labor, the members of the national committee are at one in holding that a business which really depends on this dreadful necessity, and which cannot exist except at the price of ruining the future citizens of the republic, is not worth keeping, nor is any people able to keep it at so great a cost.

\* An estimated increase of two millions was reported at the Washington meeting.

The work of the National Child Labor Committee is to awaken the public conscience, and arouse the government to the necessity of doing for our future citizens what the Department of Agriculture does for the farmer in the way of disseminating information, and furnishing protection for crops and trees, for lobsters and fish. To that end we are planning to ask Congress for a Federal Children's Bureau, which shall deal entirely with questions relating to children, to study and to investigate, to collate with every other department, to supply information, and to stimulate progress in everything which concerns the children of our country. This Federal Bureau for Children has been a cherished project for nearly two years, and in presenting it to officials and wise people in Washington and New York, we have found it taken up everywhere with earnest approbation.

Mrs. Florence Kelley writes of the urgent necessity for it as follows, in *Charities of January 6*: "News about the bug that may destroy the boll-weevil is given out by the government of the United States to the Associated Press as fast as it can be obtained by agents sent to different parts of the world in search of the longed-for bug. Facts about the young cotton in the boll are sought so hungrily that 'leaks' have been said to occur in the department which publishes the facts about the young cotton, its health and welfare.

"But what of the young children who pick the cotton in the fields, the little black children in the cotton fields? What of the young children who spin and help to weave the cotton in the mills, the little white girls seven and eight years old, working all night long in the cotton mills in Georgia and the Carolinas?

"Of these children who are the citizens in the bud, the children who will be the republic when we are dead, the federal government published in 1900 the fact that there were then 579,947 between the ages of ten and fourteen years who could not read or write. In November, 1905, the government issued a bulletin giving the details bearing upon these truly dreadful figures, the facts bearing upon the children and their ignorance. But the children are meanwhile grown up and married.

"By telegraph we are told of the boll-weevil and its hoped for parasite. But for tidings of the working children we wait until they are grown up and married.

"Year after year the Department of Education and the Department of Labor have left to a volunteer body the task of printing the child labor laws and the compulsory education laws of the year, their own publications being as remote from the life of the children who



work as the hieroglyphics upon the tombs of Cheops and Rameses,—so old that when they reach us the generation of children with whom they dealt are already grown, and the laws are already changed.

"The new bureau is to change this. It is to meet the new demand for knowledge which may serve to bring the United States up out of the black list of the nations, where it now stands along with Russia and Italy, having the largest actual numbers of illiterate and unschooled children to be found among the nations of Western civilization."

Mr. A. J. McKelway, one of the secretaries of the National Child Labor Committee, said, in his address in New York City, 1905: "The child is the saviour of the race. The child is the harbinger of the Golden Age, when, as it has been pictured to us, the forces of greed and forces of violence and the forces of cunning shall walk together in peaceful procession, while "A little child shall lead them." In working for the protection of the child from too early toil, with its stunting of the body and dwarfing of the mind and spoiling of the spirit, we are laboring for the building up of the race that is to be. The child labor problem touches many others. But it seems to me that the old darkey summed up the whole philosophy of this movement when he was made to say:

"'I heah de chillun readin'  
'Bout de worl' a turnin' 'roun',  
Till my head gits sorter dizzy  
As I stan' upon de groun';  
But let her keep a turnin'  
If 'twill bring a better day,  
When a man can mek a livin'  
While his chillun learn an' play.'"

Single copies of various leaflets and pamphlets on the subject of Child Labor will be furnished gratis upon application to the Secretary, S. M. Lindsay, 105 East Twenty-second Street, New York City. Those interested in its distribution can obtain this literature in quantity at cost price. Please write for list of publications.

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"What?" called the fair young thing to the man who had fallen from his horse for the tenth time that morning. "Falling off again? Where did you study horsemanship? In a correspondence school?"

**NOTES FROM FORT BAYARD, NEW MEXICO**

BY AGNES G. YOUNG

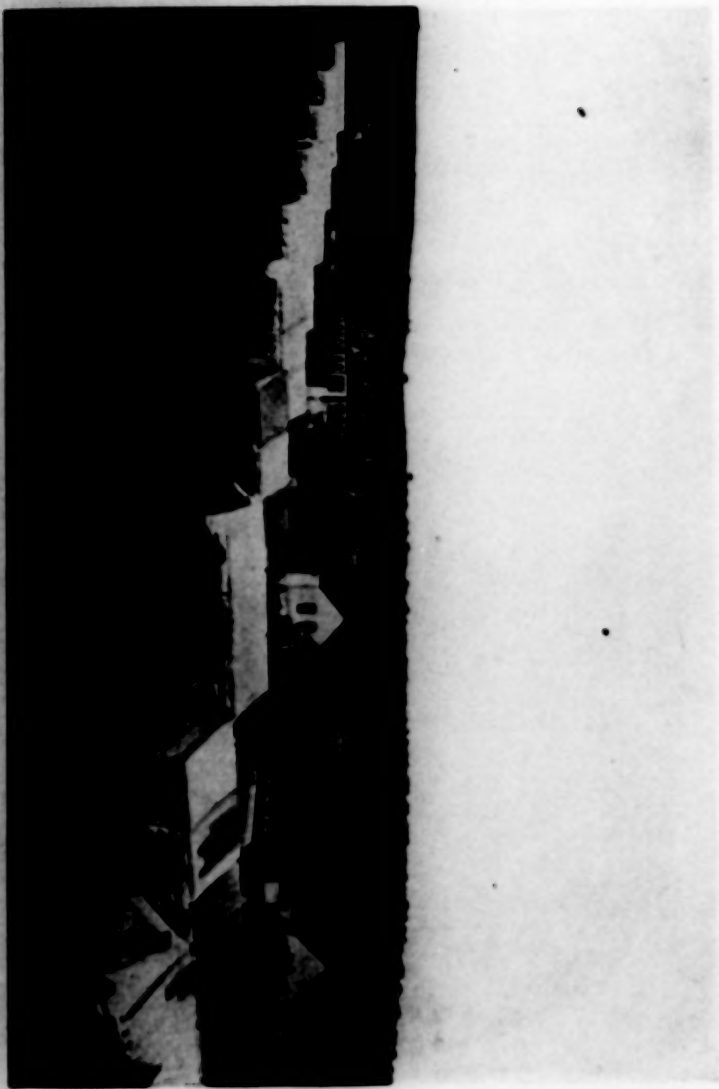
Army Nurse Corps

FORT BAYARD has ever been a stoic, a witness of tragic scenes and strife. In the old days she opened her welcoming, protecting arms to our soldiers returning from bloody combat with the warriors of Geronimo. Now, with quiet matter-of-factness, that does not mean indifference, she shelters those who fight a fiercer, more unrelenting and insidious foe than ever before stalked these wild plains, thirsting for victims.

While the generals of science marshal their forces, planning with an interest most minute and tense a campaign that shall forever rout this foe, the present victims breathe in hope the healing air of the New Mexican hills, endeavoring by rest and relaxation to rebuild a vitality that shall be strong enough to cause the enemy to retire.

No mother could be kinder to her boys than Uncle Sam is to his sick soldiers and sailors. The two hundred and sixty-eight ambulant patients are subjected to few restrictions other than those to which their life in the service has accustomed them. The only requirement absolutely insisted upon is that they should rest for certain periods daily. They roam at will through the wild country surrounding the Fort. Fine recreation and reading-rooms and a well-stocked library are at their disposal. There is no lack of lectures, local theatricals and other entertainments. All this is appreciated and enjoyed with a chronic cheerfulness that in itself does much to put the "bug" to rout. With splendid indifference or with laugh or gibe or curse they face the foe; a whine is rarely heard. Nor do they hide their heads self-deceived. They know; but never yet has knowledge bred fear.

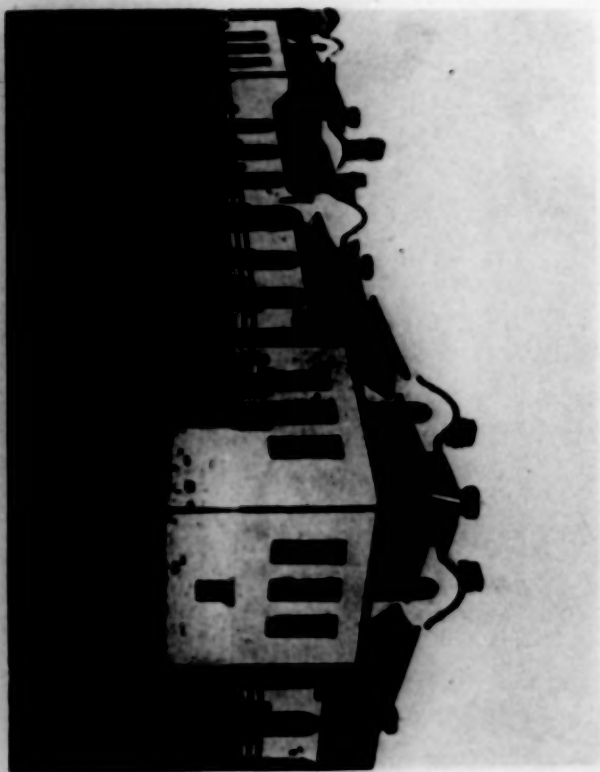
Then there is our hospital proper—two buildings, each able to accommodate forty or more patients. One receives the patients newly arrived at the Fort, the other those of the ambulants who require medical treatment and nurses' care. Here as elsewhere reliance rests upon the old tripod, good food, rest and fresh air. The work in the infirmary cannot fail to be sad, for in spite of all that can be done one occasionally overhears the standard good-bye: "Well, boys, I'll pass in my checks to-night." They rarely calculate wrong. One of such cases was a sergeant, twice honorably mentioned for gallantry in action, and the indifferent possessor of a medal of honor. The deeds he had done were so natural to a man of his calibre that he did not see why they should call for even a remark. They were nothing. Many a time he had rushed



AMONGST TENTS AND WAGONS.



ENLISTED MEN'S INFIRMARY, ANKER, WATER TANK AND TWIN SISTER MOUNTAINS IN BACKGROUND.



FRONT VIEW.





through the old sallyport to escape the foe, but this time he had brought his enemy inside. Pain was his mortal fear, not for itself, only lest it should weaken and make a child of him. Only once did he ever give sign that he knew the worth of his own mental steel. It was a few days before his death, and he was suffering intensely from an acute neuritis. Two patients in the ward had been telling the surgeon at some length of their rheumatic pains. He said in a low tone to me as I gave him his medicine later, his lip unconsciously curling in scorn. "If they suffered like this for one instant they would howl like dogs or cry like babies." He has been at rest from pain for months, but we shall never forget his courage nor cease to miss him.

But, thank God, there is another side to the picture,—for even the very ill ones do not all die. I have in mind one patient who had hemorrhages galore and none of them small. More than once 1000 c.c. He is at home now in New York, apparently well. A man of iron nerves, a cynic who was, however contradictory it may appear, hyper-sensitive in his consideration for others. He even tried to suppress a hemorrhage one morning while breakfast was being served lest the appetites of his comrades be spoiled. The tell-tale little cough of course made this impossible. His first remark after it was all over was an apology for the discomfort he had caused the others.

The following record of a remarkable case is interesting and encouraging. The patient was an extremely nervous, almost hysterical man:

"Transfer card from Hospital, Fort —, New York. Diagnosis Chronic Pulmonary Tuberculosis, involving both upper lobes. History previous to admission: Has had several hemorrhages at one time for three nights in succession.

August 3, 1905.—Admitted to Infirmary June 17, 1905, on account of hemorrhage, 200 c.c. Bloody sputum continued for some days. patient had nineteen hemorrhages from July 6 to present date (August 3). The respective dates and quantities of each one as follows:

1905	C.C.	1905	C.C.
July 6 .....	300	July 28 .....	500
26 .....	125	28 .....	350
26 .....	100	29 .....	15
27 .....	45	29 .....	1200
27 .....	75	31 .....	150
27 .....	60	31 .....	45
27 .....	250	Aug. 1 .....	350
28 .....	60	1 .....	45
28 .....	1000	1 .....	55
		2 .....	150
		In eight days total .....	4.775

Average temperature, pulse and respiration during these days was:

	T.	P.	R.	T.	P.	R.
A.M.	97.2	60	20	P.M.	101.4	114
						28

Patient fairly well nourished, but rapidly losing weight.

Appetite poor; digestion poor; sleeps poorly; extremely nervous.

October 29.—Transferred to ambulant tent. The patient is now (not quite five months later) able to hunt arrowheads on the old battlefields among the hills surrounding our post.

The main points in the treatment of this case, as in all similar cases here, seems to be to keep the patient's nervous system in a quiescent state, and lessen or reduce the blood pressure. This is accomplished by liquid diet or no diet for a short time and the interdiction of all stimulant. The treatment by adrenalin, so frequently referred to, appears not to have found favor in this institution. An ice-bag is placed over apparent seat of hemorrhage, and is continued for twenty-four hours after all indications of hemorrhage cease. Hot water bags are applied to lower limbs, and if there are any signs of nervousness morphine .016 hypodermically is given. Absolute quiet is enjoined, the patient lying on back with head low. In any case, however slight the hemorrhage, the patient is kept quietly in bed for two weeks. The third week he may sit in chair or be wheeled to porches. The fourth week he is allowed to go to table and bath. At the end of the fourth week he is, if all is well, usually transferred to ambulant tent. While this is a fair sample of treatment, it is modified of course to fit the needs of the variety of temperaments met with.

The officers' hospital consists of the dormitory, styled "Hotel de Bug," for convalescents and the hospital proper.

The nurses find their work most interesting. They have an eight-hour duty, and conscientiously spend a part of each day breathing ozone on the hills, as a preventive of any possible inroad of the dread disease among themselves. The home life is a very happy one, and all are glad to live the duty hours with the brave fellows who so insistently claim their right to life and happiness.

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CHICAGO'S DEATH RATE 13.69 PER ONE THOUSAND.—According to the report of the Commissioner of Health of Chicago, that city is the healthiest in the world with one exception, namely, Berlin. The Commissioner shows a death rate of 13.69 per one thousand population for the year 1905. He attributes this low death rate to the rigid inspection of the stock yards, the restaurant kitchens and cold storage plants.—*Pacific Medical Journal*.

**THE NURSING OF NERVOUS PATIENTS**

OCCASIONALLY we hear some one remark, "Oh, I have only a nervous case. It doesn't amount to much. We read and drive and such things,—really a cinch, you know." But the nursing of a nervous patient is not a cinch by any means. It is, practically speaking, the most difficult form of nursing.

In the first place, one must not be nervous oneself. One must forget one's nerves, and when this has been accomplished, then there comes the difficult task of trying to make the patient become unconscious of hers, and still to treat those self-same nerves with all the proper respect that their owner demands and expects.

There are many methods, in these days of modern science, by which nervous patients are treated; many great men who are devoting their whole lives to this important study; but I think that I can safely say, that one and all of these methods and their originators agree that a nurse is a very essential feature of the treatment.

There is the famous rest-cure treatment (of Dr. S. Weir Mitchell) where the nurse must give the patient massage and electricity,\* either local or general. There are baths to be given at stated times; diets to be attended to. Certain hours for sleep, certain hours for recreation, to be watched over.

Again we have patients who must be taken out and amused; there are stores, theatres, art galleries and museums to be visited.

A nurse may attend faithfully to all these details, but it will be of little avail unless she understands and is in sympathy with her patient.

Every person in the world has his or her own peculiarities, and the nervous patient is, of course, abounding in them. Now these peculiarities must be studied faithfully, and one must be able to judge whether it is for the good of the patient to humor them or ignore them.

Of course there is the general advice given regarding nervous people, "Keep their minds off themselves," but this must not be done too quickly. Never let a patient know that you are trying to draw her away from herself. It will probably either lead her to think that she is very ill, and that you are trying to keep it from her, or, on the other hand, you will hurt her feelings by making her realize that her troubles are imaginary, and that you are trying to divert that imagination.

[\*Years ago Dr. Mitchell's nurses never gave the massage and electricity. Are they required to do it now?—Ed.]

Always try to learn by a glance at your patient whether her mind is in need of light subjects, or of more weighty matters; and, again, learn when you are to talk and when keep quiet.

Always make the patient whom you are attending your particular study at that time; take her as you would some new language, and learn well her moods and tenors, her conjugations and expressions.

Whatever you do, do intelligently, for nervous persons are quick to distinguish lack of intelligence.

I fear that the general idea is, among nurses, that nervous patients are more or less fakes, to use a slangy expression.

We so often hear a nurse remark,—with a shrug of her shoulders, and a half satirical look.—“Oh, she’s only a neurasthenic,” or, “She’s hysterical, that’s all, don’t bother with her.”

If that nurse will stop a moment to consider, she will realize that both neurasthenia and hysteria are diseases, and must be treated accordingly. Truly, both of these diseases are practically an uncontrolled state of the nerves. But are the nerves in an uncontrollable condition in a strong, healthy person?

We must build up their systems with proper food and exercise, and at the same time feed their minds with healthy thoughts.

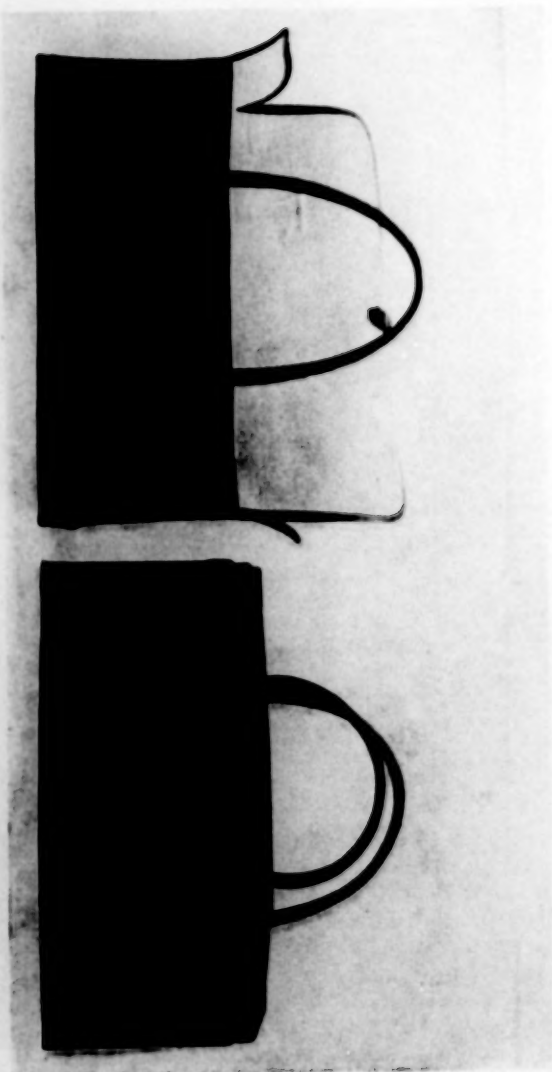
I once read a letter from a well-known physician in which, writing about the diagnosis of a patient, he said: “Miss B. had another attack last night; during each one of these attacks, which are growing more frequent, she appears to be suffering untold torture. It seems to be a form of hysteria, and yet the term is so widely misunderstood, that one hates to mention it in connection with an intelligent person.”

Later he wrote, “Thanks to good nursing and the proper care of her diet, Miss B. has regained her strength, and has almost fully recovered.”

Above all things, in the care of the nervous, remember to be bright, up to date, thoughtful, cheery, but withal firm, and we will find often that these details are more essential than the giving of an electrical treatment on the dot of the minute ordered.

MABEL JACQUES.

Today is your day and mine, the only day we have, the day in which we play our part. What our part may signify in the great whole we may not understand; but we are here to play it, and now is our time. This we know: it is a part of action, not of whining; it is a part of love, not cynicism. It is for us to express love in terms of human helpfulness. This we know, for we have learned from sad experience that any other source of life leads toward decay and waste.—*David Starr Jordan.*



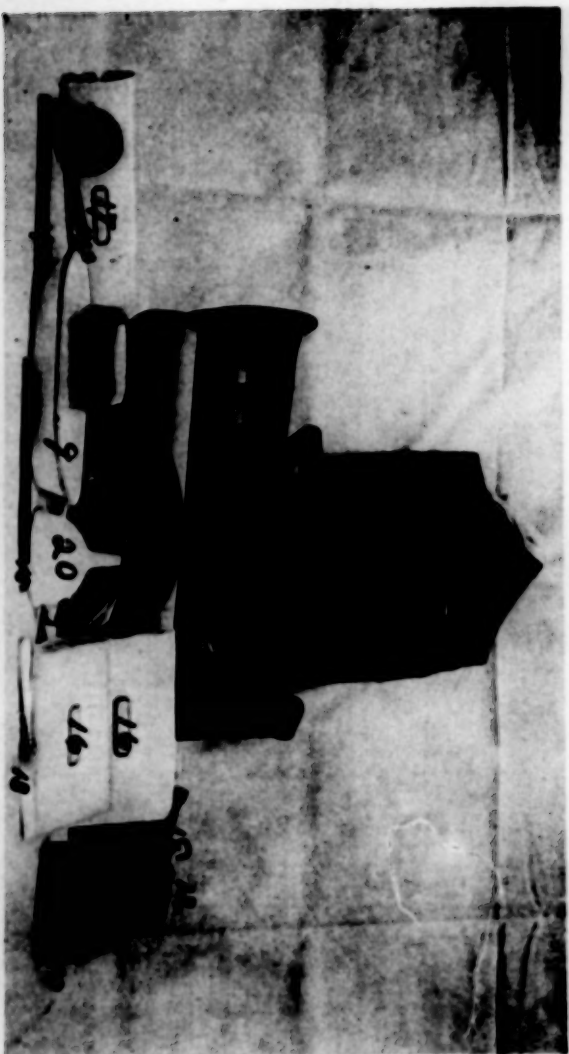
BAG OPEN.

BAG CLOSED.



BAG OPENED: ADJUSTABLE LINING REMOVED.





BAG OPENED, SHOWING CONTENTS.



## NURSES' SETTLEMENT BAG.

THE following cuts show the bag now used by the nursing staff of the Henry Street (Nurses) Settlement, New York City. The bag is made of leather and is provided with large leather handles to permit of its being carried on the arm, an abundant flap to protect the contents from exposure to the weather, and an adjustable lining that may be easily scrubbed, disinfected and laundered. It is 14 inches in length, 6 inches in width and 7½ inches in height. It contains—

- |  |  |
|--|--|
| (1)—1 adjustable lining.                               | (17)—1 apron.                          |
| (2)—safety pins—large and small 22<br>1 doz.           | (18)—1 linen instrument case.          |
| (3)—1 large bottle.                                    | 1 caustic pencil.                      |
| (4)—4 small bottles.                                   | tooth picks.                           |
| (5)—1 blue bottle.                                     | 1 medicine dropper.                    |
| (6)—2 tall screw-top jars.                             | 1 syringe.                             |
| (7)—4 short screw-top jars.                            | 1 rubber catheter and connecting tube. |
| (8)—1 small screw casecare vial.                       | 1 glass catheter.                      |
| (9)—1 bowl or tray.                                    | (19)—2 linen dressing cases.           |
| (10)—1 nail brush.                                     | 2 muslin bandages.                     |
| (11)—1 roll Z. O. plaster.                             | 4 gauze bandages.                      |
| (12)—1 box talcum powder.                              | 2 yards of gauze.                      |
| (13)—1 spatula.  | 1 small roll absorbent cotton.         |
| (14)—3 thermometers { mouth.<br>rectal.<br>contagious. | (20)—1 funnel.                         |
| (15)—1 pencil.   | rubber tissue, writing pad,            |
| (16)—2 towels—dressing and hand.                       | bedside notes and envelopes.           |

## PRICE.

1 bag with adjustable lining and filled as per list .....	\$10.00
1 bag with adjustable lining without filling .....	5.00
1 extra lining .....	1.25

So many requests have been received for information about "bags" from other district nurses, that the Settlement has arranged to have this bag placed on sale at cost price, and all communications or orders should be addressed to Mrs. Roper, 36 East Thirty-seventh Street, New York City.

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There is a story to the effect that Miss Alice Roosevelt received a postal card from a child reading: "Glad he ain't no duke." That isn't grammatical, but it's full of sense.—*D. & C.*

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



**THE MANAGEMENT OF BABIES.** By Mrs. Leonard Hill. Publishers, Edward Arnold, 41 43 Maddox Street, Bond Street, W., London. Price, 2s. cloth, 1s. paper.

This little book, appearing in the "Wallet Series of Handbooks," along with other handbooks on the "Collecting of Miniatures," "Motor-ing for Moderate Incomes," "Hockey as a Game for Women," "Water Color Painting," etc., etc., might possibly be discredited for keeping the company it does, but a most agreeable surprise awaits anyone who may investigate. Having in mind certain learned works on the care and successful rearing of infants, written by learned and scientific gentlemen, Mrs. Hill's deliciously womanly and delightfully motherly little book is something to be received with gratitude and passed on to all who may be interested. For nurses it holds many a hint, but mothers will form the greater class of its readers. The proper feeding of infants makes up the greater part of the book, added to which are very sane and reasonable suggestions for clothing, sleeping, dosing, etc. There are warnings against undue alarm over every little disorder and a timely caution against the family medicine chest. The last chapter, treating of the development of intelligence, begins with tremendous seriousness, and introduces a long quotation from Herbert Spencer (!), followed by another from Emerson, but Mrs. Hill does not dwell too long on the great responsibility of parents, passing quickly to the joy and delight of a mother's privileges, which she is pleased to express in a most beautiful lullaby (printed 1620), beginning "Upon my lap my sovereign sits." For those who may be ignorant of the right and proper games and rhymes, she introduces those time-honored classics, "This little pig went to market," "Pit, pat, polt, shoe the wild colt," "Pat-a-cake," "Browbender," and many favorites dear to baby hearts; and in so doing she drops the rather scanty mantle of science with which she has appeared as a learned lady and displays the very charmingest mother that ever a happy, jolly baby had.

**MATERIA MEDICA FOR NURSES.** By Lavinia L. Dock, Graduate Bellevue Training School for Nurses. Publishers G. P. Putnam's Sons, London and New York. Price \$1.50.

Miss Dock's *Materia Medica*, already too well known to need any

introduction, appears in its fourth edition revised and enlarged by Miss Bean, of the Johns Hopkins Hospital Training School for Nurses. The book has grown considerably since its first edition, and the present volume conforms with the changes made in the newest edition of the United States Pharmacopoeia, and many new drugs and new preparations are added. It is very pleasant to Miss Dock's friends to find her book well mentioned by the *Medical Journal* (New York) and other publications.

**THE PHYSICIANS' VISITING LIST FOR 1906**, Published by P. Blakiston's Sons Co., 1012 Walnut street, Philadelphia, Pa., provides memorandum space for twenty-five patients per week and includes very complete tables of signs, incompatibility, poisoning, the metric system, doses, and a new complete table for calculating the period of Utero Gestation. It is in pocket form and could be used with great convenience by nurses.

**THE LONG DAY.** The True Story of a New York Working Girl as Told by Herself. The Century Company, New York.

The popular saying that "one half the world does not know how the other half lives," is a very lame excuse often employed by stupid people, who use it in the belief that ignorance may be used like charity, to cover a multitude of sins. Of course, the saying can be used from any point of elevation from the highest to the lowest, and *vice versa*; but the favorite is the safe, comfortable, well-provided outlook of the better class, who perhaps are called upon to view the social disaster of some one in the lower walks of life and after the usual proper expression of regret comes the pat saying, and the subject is dismissed. Only occasionally some meddler or busybody may refuse to shelve the unpleasant topic without some inquiry, and introduces the unwelcome query, Who's to blame? Am I? Are you? Such a one was this New York Working-Girl when she wrote down the plain, uncompromising, hideous story of her efforts to keep life in her body honestly, without demanding decency, safety, or any of those surroundings which are blatantly and confidently proclaimed as the birthright of every American woman and the free gift to every alien women who comes to make this glorious republic her home.

A book almost without a man in it,—just a few impersonal shadows of men, if we except "brother Mason," the Moody and Sankey convert who on week days pilfered spices and perfumery for his lady and on Sundays as "supe" of the Mission Sunday School, did his "dirty best to push the gospel news along"—yet surely it is a book to be read by men



as well as women. Perhaps it is unfair to suggest that the men of our public school system are to blame for the existence of such a class of girls as formed the staff under Annie Kinser at "Springer's," for, after all, the school system of New York stands well in comparison with other places. The laws governing compulsory education are just and wise; but who knows just how hard it is to enforce those laws, how near to impossible? The festering evil of child labor grows steadily, parents and employers connive to keep children at work when they ought to go to school, and the result is the "Phoebes," the "Celias," etc.,—slovenly drudges, ignorant, beyond conception, without religion, with their ideals formed in the school from which they draw such literature as "The Banquet in Misery Hall," "Little Rosebud's Lovers," etc. Is it possible that these girls can have had the eight or nine years in school which the law requires that they shall have had before they are allowed to take out their working papers? Then for that terrible home for working girls? How can it exist under such conditions if our State Board of Charities is anything more than a name. "The Board is required by law to visit, inspect, and maintain a general supervision, of all institutions, societies or associations which are of a charitable, eleemosynary, correctional or reformatory character, \* \* \* and to make an annual report to the Legislature." It would seem that our respectable legislating body is fathering some curious institutions.

One feels inclined to quarrel with Miss Rose Fortune for allowing herself to be extricated from the difficult position by a seeming accident. One would like to see so good a fighter win alone, but when we realize that this is a true story we must be grateful for her rescue at such a terrible climax in her misfortunes. Every reader will echo the author's wish that some of the great capitalists of New York would be moved to invest some money in working-girls lodgings or hotels. We want no more *homes*, but surely there are men who would willingly invest with the idea of getting small interest on their money if they might have big dividends from the satisfaction of knowing that they have made it as easy and safe for a working woman to find temporary hospitality as it is for men. The Mills' hotel for men it is believed, have justified their founder in the wisdom of his experiment. Is there anyone who would do as much for women and girls? We hardly agree with the author regarding religion,—not, indeed, when she says that she believes "in the supreme efficacy of organized religion in relation to womanhood and all that pertains to womanhood," but in her implied idea that the church must adapt itself to the people. Surely we have had evidence enough that until the people themselves seek the church and get

into proper relation with it and proper attitude toward it, the church will be no great power in the life of any class of people.

The author concludes her summary of the reasons for the wrongs, social, economic, and moral which surround the working girl, with the opinion that the ultimate working out of this vexed question lies with the working girl herself. She alone knows the conditions, and from her must come the consideration of the question of how to attack and correct existing wrongs. And here the author sees no hope of present activity. No; the Moonlight Maids and Pleasure Clubs seem to the average working girl of the factory class more desirable than plunging into new difficulties. She has grown used to her chain and ball. If things are bad there is no telling how much worse they might be, and so they struggle, patiently, through the Long Day.



"You have been with that firm a long time," said the old school friend.

"Yes," answered the man with the patient cast of countenance.

"What's your position?"

"I'm an employee."

"But what is your official title?"

"I haven't any official title. It's like this: When the proprietor wants something done he tells the cashier, and the cashier tells the bookkeeper, and the bookkeeper tells the assistant bookkeeper, and the assistant bookkeeper tells the chief clerk, and the chief clerk tells me."

"And what then?"

"Well, I haven't anybody to tell, so I have to go and do it."—*Judge*.

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**ANNUAL CONSUMPTION OF EGGS IN HOSPITALS.**—There are four thousand hospitals of all kinds in operation in the United States. This does not include institutions for special classes of cases like consumptive or epileptic homes, or hospitals for alcoholics. The annual expense of running these four thousand hospitals is three hundred and fifty millions of dollars. As a single item indicating the vastness of hospital management it is carefully estimated by reports from superintendents that they consume annually sixty-five million dozen of eggs.—*Deaconess Advocate*.

## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK

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### STATE SANITARIUM AT BEELITZ

At Beelitz, about an hour's ride from Berlin, is an institution which I regard as being about the most remarkable that I have ever seen.

It is the sanitarium of the "Landesversicherung" of the district of Berlin for tuberculosis and other disorders which tend to become chronic, such as rheumatism, etc.

Not only as an institution is it peerless and unique, but its manner of foundation is peculiarly interesting and characteristic of Germany, and so different from anything known in our American experience that before describing it some account must be given of the state insurance laws of Germany. No other country in Europe has such legislation as Germany in regard to provision for old age and sickness among working classes. It is generally well known that Germany leads the world to-day in organized war upon tuberculosis and in a wide-spread and efficient system of sanatoria, but it is not equally well-known that this development of sanatoria is the direct result—certainly a result not foreseen by the founders of the laws—of the compulsory insurance against invalidity.

Without attempting a thorough or scientifically detailed account of this legislation, which indeed would require pages and pages of print, I will try only to give a simple outline of the characteristic features of the laws and the way they work.

1st. The "Krankenkasse," or sick funds.

The laws regulating this are older and are not a part of the old age and invalidity insurance. They aim at provision for short, acute, or curable illness, such as is treated in a general hospital. All working people must belong to a "Krankenkasse" either of their locality or town, and the principle is, that the laborer himself pays a small weekly contribution (only a few cents a week) and the employer also pays for each of his employees a weekly contribution. Then for each person the public funds contribute a certain share. This fund provides for temporary illness. Thus in the city hospitals of Germany there are almost no free patients, but the day laborer, for instance, who in New York would

be carried to Bellevue or the free wards of the New York or some other big hospital, is a paying patient in the German hospitals. His "Krankenkasse" pays for him as a third-class patient, about sixty cents a day. All of the Red Cross and Deaconess hospitals take a certain number of third-class patients, and the great city hospitals such as Charité and Moabit take only this class of patients and no other. What we call "pay patients" are designated as "second" and "first" class, according to the prices they pay for private rooms. If the member of the "Krankenkasse" is not a hospital patient his sick-pay is given to him at home. I believe it is also possible for his family to receive assistance if necessary while he is in hospital.

3d. The "Alters und Invaliditäts Versicherung," the insurance against old age and loss of health.

This is newer law, established in the time of the old Emperor William and Bismarck, and, like the sick fund, this insurance is compulsory for the great mass of workers. The principle is the same as the sick fund: every worker pays a fixed sum (very tiny) and every employer pays for each employee a fixed sum, and the state adds for each insured person about twelve dollars a year.

As to the old-age insurance, every insured person at the age of 70, receives an old-age pension, whether he be sick or well. (I use the classical expression "he," but "she" who works is also included.) True, the pension is very small, yet enough often to make the difference between independence and pauperism. The provisions for loss of health cover the whole period, no matter how long, during which the worker may be physically incapable of work, beginning at the point where the "Krankenkasse" leaves off. Thus working people who from any cause, no matter what, are reduced in health to below the self-supporting capacity, get their invalidity payments regularly up to the point where their old-age pension comes due.

Now the far-reaching and impressive result of this part of the compulsory insurance laws is shown in the fact that, from being simply an incoming-paying relief agent in sickness, the state insurance has developed into the most gigantic and systematic agency for *prevention* of preventable illness and for the *curing* in early stages of diseases which tend to become incurable if neglected.

It was found that it was better to prevent invalidity than just to support it, and therefore over the entire German Empire the state insurance has established sanatoria for all debilitating diseases but preeminently for tuberculosis. This is the unique feature that impressed me most at Beelitz, for it must be remembered, these Sanatoria

are entirely for the working populations, not for "pay patients." There are plenty of other sanatoria under private management where the "2d and 1st class" invalids can be treated. For convenience in administering the law the whole empire is divided into districts, and the sanitarium of Beelitz belongs to the district which comprises solely the city of Berlin. Owing to the large population of this district and consequent wealth of the insurance department Beelitz is the finest of all the state sanatoria. It has something like three and a quarter million dollars—thirteen million marks. This sum may give an idea of its capacity and adequacy. It is situated in a district of pine and fir forest, of which it owns an immense tract, I do not know how much. At one side of its tract lies the tuberculosis colony, and at the other side the colony for rheumatics, nervous and debilitated cases. It is, of course, the aim to send all cases in as early a stage as possible. At present the pavilions accommodate only four hundred patients on each side, as the plan is to enlarge the bed capacity according to necessity. Thus the administration buildings, power house, electric plant, kitchen, laundries, sterilizing departments, store-rooms and cold-storage are all built upon a scale which will make them easily adequate to trebled or even quadrupled demands, and, in the near future, several hundred beds will be added for women on the tuberculosis side. The distances are naturally great, and there are underground passages or tunnels which I did not go into. The first thing that strikes one is the extreme beauty of the architecture of all buildings, copied from old German styles, being a combination of red brick, yellowish brown plaster, and timbering, with dull red tiled roof. Next striking on the tuberculosis side are the rows or scattered groups of little wooden shacks where the patients recline in their long chairs. They do not sleep out of doors here, as the air is damp at night, but spend the whole day lying in these little half-open, half-covered shelters, placed with their backs to the prevailing winds, and open sides to the sun. The pavilions proper are single ones, one for men and one for women, built in the same beautiful style as the other buildings and two stories high. I have never seen more beautiful pavilions, superb with the effects of spaciousness and the sumptuousness of modern aseptic fittings, white tilings and glass, nickel, marble, and porcelain. To the aseptic splendor is added a charm of ornamental and unexpected architectural details in lines and proportions. Thus in the great dining-halls the windows are not just fine big windows but are artistically delightful windows that one's eyes rest upon with pleasure. The ceilings are not just plain ceilings but are beautiful Gothic ceilings, and the men's din-



ing-room especially is not unlike the hall of state in a German Rathaus. By the way each dining-hall has an orchestra to make music during meals. Also, exceedingly pleasing color effects have been introduced by stenciling the lines of dado and ceiling in artistic leaf patterns and soft colors. This is all oil paint and of course washable. The lavishness and bigness of all the accessory rooms, serving kitchens, linen-rooms, and nurses' work-rooms, is especially striking; bath-rooms of the ordinary kind are overshadowed by the amplitude of rooms for showers and sprays of every variety; for instance, there were twelve different fixtures in one room, each of which made a different shape (so to speak) of spray,—one spray long and narrow, another small and round, another fan-shaped, etc., etc. Another was a steam spray. Then there were rooms for wet packs, where the patients reclined on long couches; and rooms where either cold or hot water circulates directly from the tap through rubber coils on the chest or abdomen of the patients whose reclining chairs are placed comfortably on either side of the fixture. (No laboriously climbing to fill an ice-pail mounted on a ward table, while a humble bucket receives the outflow. The outflow is carried off through the same plumbing fixture.)

For all utensils, bed-pans, basins, brooms, scrub-brushes, etc., they have not closets but rooms—big, airy, and open. There are rooms where the patients go to wash in the morning (no toilet apparatus of any kind is in the sleeping-rooms) where the walls are lined with porcelain fixtures with hot and cold water, all separated by wire-glass half-screens. As no patient is allowed to cleanse her mouth into the ordinary fixtures, the centres of these wash-rooms contain special fixtures for gargling and rinsing the mouth. A glass stands on a nickel ring and a jet supplies water for the glass. The fixtures are just a convenient height as the patient stands, and are big funnel shaped porcelain receivers with a circular water supply like a small whirlpool, which is worked by a pressure of the foot. I don't know what becomes of the water but am sure it is well looked after. These fixtures are also separated by wire-glass screens.

Then there are the sterilizers,—one for the glass sputum cases and one for all clothing before it goes to the laundry. These stand in marble tile-lined rooms and the shaft where the clothes are dropped for the laundry is also marble-lined. Also in each pavilion is a room where clothes must be brushed and boots cleaned. Hydrotherapy is greatly used in the treatment of tuberculosis, and to a limited extent, muscular exercises also. These are provided for in a special room. The patients' bedrooms are almost all window, are absolutely simple, and may contain

as many as four patients but not more. On each little bedside table stands a large bowl with a folded towel in cold water, and upon rising, before any clothing is put on, certain "wet frictions" are performed.

While on the tuberculosis side the conveniences for hydrotherapy seem lavish, they are insignificant compared with the other side, where an entire enormous pavilion, more stately and imposing than the houses of many princes, is devoted entirely to baths and muscular exercises. The entrance, with broad double stairways and corridors banked with green plants, might be the entrance to some beautiful museum. Besides every form of water treatment there are the hot-air baths and the electric and the blue-light baths in wooden cases, with the head only emerging from an opening, and the plunge baths, and the mud baths. These most unattractive looking baths are excellent for rheumatism and are lavishly used in spite of their cost, which as the mud is never used twice even for the same patient, is about seventy-five cents a bath. A great deal of massage is given, and in many cases, instead of an oily lubricant, soap and water is used to lubricate. Oil is now only used in massage if the doctors order it specially. Finally there is an immense hall with outfit of the Zander Swedish apparatus for passive and resistive movements, such as I have seen at home only in expensive private sanatoria like Battle Creek.\*

The food in Beelitz is abundant and of the best quality. The nursing is supervised by fully trained nurses, who have under them men and women attendants, and there is a trained matron or Oberlin at the head. It is in keeping with the whole character of the place that the nurses and attendants are well lodged and cared for, have generous salaries (for Germany unusually so), proper time for rest, and are not overworked. They wear very trim and pretty uniforms, the nurses blue with their hospital cap, the attendants pink without a cap, the men a seersucker. The force of housemaids and cleaners is also unusually ample.

We had coffee and cake in the cheerful little sitting-room of one head nurse, and a delicious supper of eggs and cold meat and salads in the private dining-room of another. We spent half a day in seeing the place, and should have had a whole day. We visited the matron, who was a Victoria House sister, but saw no doctors, who have their own separate little villas on the grounds. The whole thing was a revelation, and it would be hard to think of a detail in which it could be improved.

\*The Massachusetts General Hospital has a very complete "Zander" outfit.—Ed.

## ORGANIZATION NOTES

THE German Nurses' Association has launched its official journal under the title "Under the Lazarus Cross," with sub-title giving the name of the association, and bearing the insignia of an ancient nursing order now inherited by the new one, a square red cross with triple-headed arms. The journal will appear every two weeks, and will be taken by each member of the association, now counting close to a thousand members.

We congratulate the German nurses most warmly and hopefully on their journal, for it will be an immense help to them in the hard struggle before them in attaining the purpose they have set themselves, of defending the right of women to earn their living in nursing as a secular calling. The German nurses have no easy path before them, and their officers have heavier responsibilities and burdens than those borne by any of our older organizations.

None of us can imagine being suspected of irreligion or heresy because we do not go into religious orders, but in Germany, where the conditions of modern economics are inexorably bursting the bonds of the century-old social systems, women who desire to work under free conditions are brought to the bar to defend themselves and their principles. But the old orders cannot provide enough nurses for Germany, and free conditions of service can and will.

Sister Agnes Karll and her little band,—small in numbers but great in heart and mind,—have our good wishes and warm sympathy.

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THE "BOSSSES" OF THE ROYAL BRITISH NURSES' ASSOCIATION

It is really enough to make one tear out one's hair by the roots and to despair of womankind to read the recent proceedings of the R. B. N. A. The narrow-gauge men whom these women have been foolish enough to elect as officers, and whose tactics are those of the political "boss" are determined that there shall not be a fair representation of nurses on the Central Board under state legislation. Next month we will give a little more space to this matter.

In this country the accepted principle of state examination is that the persons who train shall not also examine and pass their pupils, but that this shall be done by an impartial body, viz.: the members of the whole profession, whatever it is. But this is too impersonal and democratic for the bosses of the R. B. N. A., hide-bound in traditions of

privilege, and scared to death of nurses forgetting their place and having something to say about their own affairs. It is really a pity that the R. B. N. A. ever changed its mind back again for registration. But the Society for State Registration is still there.

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THE nurses of the great French hospitals, according to an open letter addressed to the Director of the department of public charities, in the press of Paris, are a prey to tuberculosis on account of the frightfully insanitary conditions of the way they have to live. The descriptions of the bedrooms and accommodations provided for them reads like an account of the "cells," now abolished, of old Bellevue. It is said that out of 5,000 employees in the department some 3,000 are tubercular,—a hideous record, and stirs up again the old question, What is the sense of making one set of people sick in the pretense of making another set well?

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DOCTOR HAMILTON has kindly sent us a copy of the translation of Miss Lücke's book on Hospital Sisters and Their Duties into French. It has been translated by Mme. de Luce, who has published it at her own expense, and has a preface by Dr. Hamilton.

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MISS SUSANNAH H. HIGGINS, a graduate of the Philadelphia training-school for nurses, has been appointed missionary nurse at the Elizabeth Bunn Memorial Hospital, Wuchang, China.

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DR. J. H. SEQUEIRA has published an elementary treatise on the Light Treatment, for the use of nurses. It is published by the Scientific Press, London.

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THE organized nurses of Victoria, Australia, are considering steps for founding a club-house or apartments.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELIZABETH ROBINSON SCOVIL



**SIMPLE TREATMENT OF POISONING WITH MALEFERN.**—The *New York Medical Journal* says: Malefern (aspidium), which is so often used in the treatment of tapeworm, sometimes produces very serious poisoning even after moderate doses. Thus twelve grammes of the extract produced a condition of collapse in a very strong patient, and injections of camphor and other remedies were tried without success. A very simple remedy was then administered, namely, the juice of a lemon, which immediately relieved the patient's symptoms and very quickly produced vomiting, after which the patient rapidly recovered. In giving the extract of malefern for the removal of tapeworms, Apolant (*Deutsche medizinische Wochenschrift*, 1905, No. 44) recommends the use of a powder consisting of five grains each of menthol and sugar of milk. This is given in wafers half an hour before the tapeworm remedy is taken. Other remedies which are recommended for the prevention of poisoning after taking malefern are black coffee and peppermint."

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**PATENT MEDICINES.**—The *Journal of the American Medical Association* is carrying on a strenuous crusade against the traffic in patent medicines. This subject is also being dealt with in no uncertain manner in *The Ladies' Home Journal* and *Collier's Weekly*.

A few facts are instanced here to show the necessity of this campaign.

A nostrum called Dr. Bull's Cough Syrup, in which morphine is a principle ingredient, is said to have caused two deaths, that of an infant named Keck and a child two years old in Morocco, Indiana.

Pink Pills for Pale People, advertised to cure paralysis, are a compound of green vitriol, starch and sugar.

Peruna contains about 40% of alcohol. It would be better to give *spiritus frumenti* without disguise.

Most of the patent medicines owe what efficacy they possess to morphine, opium, cocaine, strychnine, or alcohol. Powerful drugs, not



to be administered *ad libitum*, without prescription, and certain in many cases to produce when continued confirmed drug habits.

Dr. Frank G. Wheatly, of North Abington, Mass., says: "It has been demonstrated that as much antiseptic value can be obtained from a solution of any of the common antiseptics for one cent as from \$4.95 worth of *Listerine*."

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NURSES IN CHARGE OF TUBERCULOSIS CASES.—Dr. John H. Nichols, Superintendent State Hospital, Tewksbury, Mass., as reported in the *Boston Medical and Surgical Journal*, says: "We teach" our nurses "about the micro-organism, the tubercle bacillus, without which the disease cannot exist. The great safeguards against tuberculosis are cleanliness, fresh air, sunlight, moderate exercise, regular habits of eating, sleeping, and bathing, especially of outdoor life."

These prophylactic measures keep the nurse in a condition to resist bacilli which may be accidentally inhaled and prevent their finding suitable breeding-ground in the lungs. Nurses should avoid inhaling the breath of these patients when working over them or talking with them. The sputa should be received in paper receptacles, or gauze handkerchiefs, and, as the chief source of danger, immediately burned. All dust must be speedily removed from the room by wiping with damp cloths, which are afterwards carefully disinfected.

In fourteen years, during which time over 5000 cases, mostly in the advanced stages of the disease, were cared for, Dr. Nichols knew of only one case where attendant, nurse, or physician had beyond doubt contracted the disease in the wards or in discharge of their duties. He believes no competent physician, or nurse, should exhibit any timidity whatever in caring for consumptives when allowed to control the sanitary arrangements.

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SURGICAL SUBSTITUTES.—Says the *American Journal of Surgery*: "A acroll saw, with an assortment of a dozen saws, can be purchased at the hardware store for twenty-five cents; it is ideal for resection of the small bones of the hand and foot, for amputations of the digits, etc. Well tempered carpenter's chisels and gouges, and a carpenter's wooden mallet answer the purpose admirably for bone work. A useful bone drill can also be selected from the stock of the hardware dealer. A gardener's pruning knife and a carpenter's mitre saw are the best tools for the removal of plaster dressings. A cheap potato knife, rough sharpened on a stone, is excellent for cutting through starch bandages.



Crochet needles are most useful for lifting stitches out of a sinus. Knitting needles find another purpose as a means of rupturing the membranes when this is needed in obstetrical work. Sharp and blunt retractors may be fashioned, in an emergency, by bending the tines of a fork and the handle of a spoon, respectively. A teaspoon is also useful as an elevator of the eye, when resection of the superior maxilla is performed. An inverted tea strainer is useful in the dressing after colostomy, to prevent pressure of the gauze upon the gut. A spoon-shaped potato cutter may be used, in an emergency, as a wound curette. Similarly, applicators, probes, and depressors may be improvised by twisting stout copper wire. The multiple surgical uses of the hair pin are also well known. Of stouter material, if necessary, a small self-retaining speculum can be quickly made from steel wire; it often obviates the need of an assistant when searching the hand or foot for a foreign body. A wedge of hard wood makes a gag quite useful, often, when administering anaesthesia. A discarded thermometer case (or a hard rubber douche point) is a serviceable handle in which to mount, with candle grease or adhesive plaster, a stick of silver nitrate. Steel spring tape measures are better than the wires generally sold for the purpose, for conducting to an X-ray tube the current from the coil or static machine; easily kept taut, and quickly adjusted, they are safest for the patient and most convenient for the operator; that they are not insulated is inconsequential—the coverings on the regular wires do not insulate the induced current. Cheap powder blowers, such as are used for insecticides, may be employed as insufflators in surgical work, and pepper boxes are useful for dusting powders. Wooden skewers are serviceable nail cleaners. Rolling pins and kitchen towel racks are very convenient for adhesive plaster, rubber tissue, etc., especially for hospital dressings. Grocers' bags are the most serviceable receptacles for soiled dressings. Tar paper is a smooth, fairly waterproof material to tack on the floor when preparing a room for operation."

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UNION OF SEVERED NOSE.—The *Medical Record* notices an interesting case recorded in the *British Medical Journal*. A young woman lost the tip of her nose in a bicycle accident. The portion, measuring about three quarters of an inch from side to side, half an inch vertically and less than an eighth of an inch in thickness, and containing little cartilage, was picked up, placed in warm water for a few minutes, washed in lysol 1-40 and secured in position by four catgut stitches. The wound was painted with compound tincture of benzoin and a few

shreds of cotton wool saturated with this liquid applied. The patient was kept in bed about ten days and the wound healed by first intention.

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**THE EVILS OF EXCLUSIVE MILK DIETS IN CERTAIN FORMS OF INFANTILE DIARRHŒA.**—The *New York Medical Journal* says: "Carretier, quoted in *Repertoire de thérapeutique*, recently submitted a thesis to the Faculty of Bordeaux, in which he maintained the following propositions: Milk, which is the food of choice for infants who are in perfect health during the first eight months of life, may be a cause of fatal digestive troubles, when given to infants suffering from diarrhœal diseases. Beginning with the eighth month, milk can be well borne as late as the sixteenth month, but weaning is often begun at the eighth month by adding other articles of food. An exclusive milk feeding administered in the course of the second year, or a too great quantity of milk given together with semisolid food, may produce a rebellious dyspepsia, which will not cease, save after a change of the diet to a farinaceous or leguminous food. This dyspepsia at times does not disappear until the milk is entirely banished from the dietary and is replaced by water in the preparation of the foods given to the infant. Some dyspepsias at the end of the first period of infancy, and at the beginning of the second period (that is, after the eighth month), are aggravated by a milk diet. In such cases of course the change of food recommended above should be also adopted.

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**THE ICE BAG IN THE PRECORDIAL REGION FOR REDUCING TEMPERATURE.**—The *New York Medical Journal* says: "M. Leduc advocates (*L'Union Médicale de Canada*, from *Revue de thérapeutique*) the prolonged application of the ice bag to the precordium in the treatment of fever. He considers it an efficient substitute for the cold bath in some cases. The ice bag is separated from the skin by one or more layers of flannel, and is kept in place by a roller bandage. Caution is advised against removal of the cold application, which should remain in place until the temperature has remained for several days at the normal. One peculiar effect observed was that the action of antipyretic agents was notably increased by the ice bag."

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**RAW MEAT ALIMENTATION IN TUBERCULOSIS.**—The *Medical Record*, quoting from the *Lancet*, says: "R. W. Philip records the results of a series of observations. He found that the exhibition of raw meat was

followed by a marked increase in nitrogen retention, even with a diminished intake. Intestinal metabolism was improved, there was a rapid increase in hemoglobin, while digestive leucocytosis (lymphocytosis) was increased, sometimes to more than double that occurring in relation to cooked meat. The following recipes are given for the actual preparation of the meat: (1) Pounded raw meat; that is, finely minced or bruised beef slightly seasoned with salt, served natural, cold or gently warmed throughout, say from a quarter to half a pound, three times daily. The meat should be perfectly fresh. (2) Beef juice prepared as follows: extract half a pound of *fresh* meat in half a pint of cold water plus half a teaspoonful of salt for from one and a half to two hours at 35° C. Express the liquid through a cloth. Or the juice may be expressed from the meat directly without the addition of water with more powerful pressure. The meat juice must be freshly prepared for use on each occasion. (3) Raw meat soup prepared as follows: Take half a pound of finely minced *fresh* meat and mix in a bowl with sufficient milk to produce a thick uniform paste. Immediately before serving add half a pint of milk at 60° C.; or the soup may be made in a similar fashion with stock of beef or chicken, or veal, in place of milk."

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**X-RAY IN THE TREATMENT OF CANCER.**—The *Medical Record*, quoting from the *Lancet*, says: "Results in ten cases are reported by Chisholm Williams. All were superficial growths, the accuracy of diagnosis being supported by the microscopical findings. The question is often asked, says the author, 'When should x-rays be tried?' His reply is 'as soon as the diagnosis is made,' whether the case is to go to the operating table or not. After operation, directly the scar is healed or even before that time if it shows the slightest appearance of being sluggish in the healing, a nodule of the size of a pea should have immediate treatment whether in the scar or not; this requires for its proper fulfilment constant observation by the medical attendant. A weekly examination is of the utmost importance to the patient. Even healthy wounds will heal the more readily under the stimulation of x-rays cautiously applied and in small doses, sufficient protection to the surrounding parts being all that is necessary. This form of treatment can be applied with any degree of safety only by medicinal practitioners; some terrible results have occurred in the hands of laymen and this fact has probably deterred patients and their advisers from taking full advantage of such suitable measures. One cannot promise, except in small superficial growths, a cure, but one can almost invariably obtain a measure of alleviation."

## OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

### THE ASSOCIATED ALUMNÆ MEETING

AT the request of the nurses of Detroit, Michigan, the date of holding the Ninth Annual Convention of the Nurses' Associated Alumnae has been postponed from Tuesday, Wednesday, and Thursday, May 1, 2, and 3, 1906, to Tuesday, Wednesday, and Thursday, June 5, 6, and 7, 1906.

NELLIE M. CASEY, Secretary,  
814 South Tenth Street, Philadelphia.

### ASSOCIATED ALUMNÆ TRANSPORTATION RATES

MEMBERS planning to attend the convention in Detroit, in May, are notified that arrangements are being made for a reduction in transportation, full particulars of which, with the address of the chairman, will be published in the April JOURNAL. Members are asked to bear in mind the necessity for sending in names as soon after April 1, as possible.

MARY E. THORNTON,  
Chairman, Committee on Transportation.

### THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOL FOR NURSES

THE Twelfth Annual Convention of the Society of Superintendents of training Schools for Nurses will be held in New York during the last week in April, beginning on Wednesday the 25th and lasting until the 29th. The meetings will, it is hoped, be held at the Academy of Medicine, a place familiar to all of us as the building in which three at least of our previous Conventions have been held, the last in May, 1906. Since then the Society has met in Buffalo, Detroit, Pittsburg and Washington. A programme has been arranged by the council for the coming meeting, which it is believed will be not only exceedingly interesting, but of much practical usefulness. Following the excellent paper presented by Miss Samuel last year dealing with the subject of "Economy in Hospital Work and Administration" from a general standpoint has come the suggestion that a careful study shall be made of the administration of each department of hospital work in relation to the cost of service and maintenance,—the purchase and use of supplies. The following departments or branches have been chosen as subjects for papers this year:

"The Furnishings and Equipment of Wards—Free, Private and Isolation, and of Nurses' Homes;" "The Economical Purchase and Use of Drugs;" "Eco-

nary in the Equipment and Management of Laundries;" "In the Equipment and Management of Operating Rooms; and "In Buying and Using Surgical Supplies."

Papers on these subjects are promised by Miss Lucy Walker, Pennsylvania Hospital, Miss G. M. Nevins, Garfield Hospital, Miss Lena Lighthourne, Trustee-in-charge of the Hospital of the Good Shepherd, Syracuse, Miss Shaw, Presbyterian Hospital, and a good many others. Miss Boardman is coming from Washington to tell us of the "New Organization of the Red Cross," and Miss Dock will contribute a paper on some interesting phases of our work.

There are one or two other subjects touching closely upon nursing work on which it is hoped we will have papers, and it is probable that a "Demonstration" of some practical methods of nursing will be given in some one of the New York Hospitals. Altogether the arrangements for the Convention to date promise that the meeting will be unusually instructive and interesting. Miss Maxwell, Superintendent of Nurses of the Presbyterian Hospital Training School, is chairman of the Committee on Arrangements, and it is probable that all details will be completed in time for a further announcement in the next number of the JOURNAL. It is hoped there will be a full attendance of members.

M. A. NUTTING, Secretary.

#### STATE MEETINGS

**MICHIGAN.**—The second annual meeting of the State Nurses' Association will be held in Ann Arbor, April 4, 5, 6, 1906. An interesting programme has been arranged. The Executive Board have been fortunate in securing Miss Sophie F. Palmer for an address on State Registration.

MISS CATHERINE M. GIFFORD, Corresponding Secretary.  
Grand Rapids, Michigan.

**CONNECTICUT.**—The meeting of the Connecticut Board for Examination and Registration of Nurses that was scheduled for January 18 was postponed to February 8, when the board met at the office of the secretary, 1423 Chapel Street, New Haven, Connecticut. One hundred and eleven applicants were registered by the board, giving a total of one hundred and sixty-six registered nurses in the state of Connecticut. The work is progressing and the nurses are responding very enthusiastically. The board has held but two meetings for the work of registration since the passage of the Act that went into force July 1, 1903, and in the future will meet the first Wednesday in June and January of each year.

R. I. ALBAUGH, Secretary.

**MARYLAND.**—The Maryland State Association of Graduate Nurses held its third annual meeting on January 30 and 31, 1906, in Heptasophs Hall, Baltimore.

The first session was called to order on Tuesday, January 30, at 3 P.M., the president, Miss M. Adelaide Nutting, in the chair.

The invocation by Rev. Edwin B. Niver, rector of Christ Protestant Episco-



pal Church, was followed by an address of welcome by Dr. John S. Fulton, secretary of the Maryland State Board of Health.

Following this Miss Nutting gave her annual address. Attention was called to the prosperous condition of the society and as an evidence that the interest had deepened and widened among the nurses stated that nearly one hundred new members had been received and welcomed during the year. The president especially commented on the great field still uncovered, and in closing her remarks said: "Our power and influence as a society depends upon our recognition of the fact that we are formed really to promote the welfare of others and it should be our constant earnest effort to find where we are most needed and with united purpose and perfect sympathy band ourselves to our task."

The reading of papers followed and the subject of "State Societies: Their Work and Opportunities" was presented by Miss Ada M. Carr, of the Johns Hopkins Hospital.

Mrs. Kinney gave a short instructive address endeavoring to explain some of the misunderstandings in regard to army nursing.

Miss L. L. Dock, Honorable Secretary of the International Council of Nurses, gave a most interesting talk on "Efforts Towards Registration for Nurses in European Countries."

Miss Sara E. Parsons, superintendent of nurses of the Sheppard and Pratt Asylum, Baltimore, read a very instructive paper on "Newer Methods of Nursing the Insane."

A paper by Miss Reiba Thelin, school nurse, Baltimore, gave a most encouraging report of the year's work of the nurse in Baltimore public schools.

The morning meeting on the second day was the business session.

Reports of the executive committee and of the various other committees showed that the society in every way was in a prosperous condition. The society numbers three hundred and eleven members.

The secretary of the Maryland State Board of Examiners of Nurses reported having received about two hundred and fifty applications for state registration. There are now in Baltimore thirty hospitals and sanatoria, fourteen of which have training-schools. These schools are making every effort to bring their work up to the standard.

The work and needs of the Maryland State Association for the Prevention of Tuberculosis was freely discussed and it was unanimously voted to affiliate with the society. It was also voted to undertake as a society, the support partially or entirely of a visiting nurse for tuberculosis.

The nurses were enthusiastically in favor of this undertaking and about one-third of the sum needed was pledged toward her support at this meeting. A committee was appointed to look after this work and it is confidently expected that eventually the full amount will be raised.

The subject of a central directory caused animated discussion and a committee was appointed to make a study of this subject and report at the next meeting.

A delegate was appointed to attend the meeting of the Associated Alumnae to be held in Detroit in May.

The meeting adjourned to partake of luncheon which was served to the members of the society in the banquet hall, by the nurses of the Alumnae Association.



ciation of the University of Maryland Hospital, and our thanks are due these nurses for the generous hospitality so graciously extended.

The closing session was called to order at 3 o'clock.

An interesting paper was read by Miss Mabel T. Boardman, a member of the executive committee of the American National Red Cross, on the late Red Cross work in Russia and Japan.

A most excellent paper on "The Problem of Caring for Contagious Diseases in Baltimore" was presented by Miss Grace O'Bryan, of the Johns Hopkins Hospital Alumni Association. Miss O'Bryan emphasized the great need of a hospital for contagious diseases in Baltimore, and described the difficulties which confronted a nurse in any attempt to attend a contagious case, saying that not only was there no provision made for the patient but the nurse could not be sure of attention if she contracted the disease in the discharge of her duties. The subject was such a timely one that the society voted to have copies of this paper printed and widely distributed.

Mrs. von Wagner told of her work as tenement-house inspector in her usual interesting manner.

The next subject considered was "Child Labor," and addresses on this subject were made by Frederick T. Dorton, Esq., and Dr. Charles H. Bunting.

At the conclusion of these addresses the association adopted a resolution endorsing the proposed bill governing child labor, which Mr. Dorton has recently introduced in the Maryland Legislature.

The following are the officers for the coming year:

Honorary President, Miss M. Adelaide Nutting, Johns Hopkins Hospital; president, Miss Mary C. Packard, Massachusetts General Hospital; first vice-president, Miss Georgina C. Ross, Johns Hopkins Hospital; second vice-president, Miss Mary J. Putts, Maryland Homeopathic Hospital; Secretary, Miss Sarah F. Martin, Massachusetts General Hospital; Treasurer, Miss Amy B. Miller, Johns Hopkins Hospital; Members, Miss N. P. Flanagan and Miss M. S. Brown, of the University of Maryland Hospital; Miss M. B. Dixon and Miss M. E. Lant, of the Johns Hopkins Hospital.

Miss Nutting was made Honorary President of the Association in recognition of her valuable services rendered the association since its organization.

SARAH F. MARTIN, Secretary.

#### REGULAR MEETINGS

CLEVELAND, OHIO.—At the annual meeting of St. Mary's Alumni Association held on January 11, Miss Burke was appointed president, Miss Freeman, first vice-president, Miss Moilan, treasurer, Miss Ragan, recording secretary, and Miss Martin, corresponding secretary.

PHILADELPHIA, PA.—The Woman's Hospital Alumni held a meeting January 10, when the report was made that \$2,225 had been raised for the endowed bed. The year has been exceptionally prosperous, there being more than \$195 in the treasury. The society will take \$100 worth of shares in the proposed club-house of Philadelphia nurses. Miss Nettie Guthrie was elected president,

Miss Elizabeth Donachy, recording secretary. The alumni association of the Women's, Jefferson, and Polyclinic Hospitals have engaged Miss Francis Keys, attorney at law, to deliver a course of six lectures on parliamentary rules, the meetings to be held at 227 Arch Street. A vote of thanks was tendered Miss A. M. Peters for her efficient service as president of the alumni for the past five years.

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NEW YORK.—The regular annual meeting of the Alumni Association of the New York City Training School for Nurses was held at the Academy of Medicine, January 9.

After the usual routine business a hearty vote of thanks was given the officers, who have done everything toward making the year a progressive one.

Officers for the year 1906 were elected as follows: President, Miss Jane M. Purdell; first vice-president, Miss J. Amanda Silver; second vice-president, Miss Elizabeth Farrell; recording secretary, Miss Helen A. Morgan; corresponding secretary, Miss Martha E. Bollerman; financial secretary, Mrs. J. Nason; treasurer, Miss Martha C. Drew. Delegates were appointed to the New York County Association for the year, after which all left for the banquet hall, where the usual refreshments were served. All of the officers elected are registered nurses.

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BUFFALO, N. Y.—Inclement as the weather was on the evening of January 18, it did not deter the friends of the Erie County Hospital Nurses' Alumni from meeting at the home of Mrs. Pfeiffer, sister of Miss B. Matilda Unger, one of the members, to play progressive pedro for the purpose of increasing the funds of the association. Miss Hammerer rendered a piano solo, and Mrs. Loring gave a reading. Dainty refreshments were served by the hostess and the committee of the association and the company separated with the feeling that these social meetings ought to be oftener held.

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BUFFALO, N. Y.—The Nurses' Alumni of the Buffalo Homeopathic Hospital was entertained January 24, at the home of Dr. and Joseph T. Cook. The regular order of business was omitted and the program for the day consisted of a reading by Mrs. Frank Harrison and a paper by Miss Laura Pearson. The charter, which had been handsomely framed, a gift from Miss Frances Black, superintendent of the training-school, inscribed with the names of the forty-seven charter members, was presented for hanging. The entertainment was in the hands of the hostess, Mrs. Cook, who told of the need and the establishment of the hospital many years ago, and of the design of the school pin, in both of which undertakings Mrs. Cook was the leading factor. Then came violin solos by Mrs. G. E. Critchlow; piano solos by Mrs. Cook, and a recital by Mrs. Henry Mosch. After refreshments all hurried back to work, feeling very grateful to Dr. and Mrs. Cook for a most delightful afternoon.

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ORANGE, N. J.—A regular meeting of the Alumni Association of the Orange Training School for Nurses, was held January 17, 1906, at the residence of Mrs. Walter Dodge, Miss Carrie Gerhart presiding in the absence of the president,

Miss M. L. Wehrly. Twenty-four members were present, also several visitors. Six new members were received, and one new name was proposed for membership. The announcement was made that the Alumnae Association would give a reception to the graduating class of the Orange Training School, January 23, at the Visiting Nurses' Settlement, 24 Valley Street, Orange. A report was read by Miss Martha Clarke, stating that \$210 had been promised during the past year, by the members, towards the salary of the anti-tuberculosis nurses, \$175.00 of which had been received. It was with regret that Miss Clarke's resignation was read and accepted, Miss Florence Cunningham being appointed in her place. At the close of the routine business a most interesting and instructive lecture was delivered by Dr. Walter Dodge on "Neurasthenia;" after which tea was served, and a pleasant social time followed.

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TRUV, N. Y.—The Samaritan Hospital Alumnae gave the regular annual banquet to the graduating class on January 29, Miss Monroe presiding. A very tempting repast was served. The school colors, purple and gold, were used in the table decorations. Dancing was enjoyed until midnight. There were songs and readings during the evening.

The association has had a successful year. There is a cordial spirit of co-operation existing among the members. The society has increased in numbers. The graduating class of 1906 was admitted in a body. Provision has been made and a rate agreed upon for the care of sick nurses in the hospital.

Miss Schumacker, superintendent of the hospital, was made an honorary member. Officers were elected for the ensuing year. Miss Monroe, who has done so much for the association, was re-elected president, with Miss Gribble as vice-president; Miss Slickner to remain as treasurer, and Miss Higley, secretary.

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TOLEDO, OHIO.—The Toledo Hospital Alumnae Association held its monthly meeting at the Nurses' Home, Friday, February 9, 1906. Miss Sophia Vass gave an exceptionally interesting paper on "Contagious Diseases." Toledo nurses are exhibiting considerable interest in the annual convention to be held in Detroit, Mich., in June, and expect to be well represented there.

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TRUENBURY, MASS.—The Massachusetts State Hospital Alumnae Society of Nurses held its regular meeting in the chapel of the hospital, February 1. The meeting was a very pleasant one, and was addressed by Dr. Herbert B. Howard, of the Massachusetts General Hospital. An interesting paper by Dr. C. Irving Fisher, of the Presbyterian Hospital, New York, was read by Mrs. J. R. McDonald. Two new members were elected. There was a large attendance.

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PHILADELPHIA.—The regular monthly meeting of the Medico-Chi. Nurses' Alumnae Association was held at the hospital, February 7, 1906, at 3 P.M. One application for membership was received, and two new members were admitted. The president, Miss Davis, tendered her resignation to take effect at once. Vice-President, Mrs. John Moyer, will fill the chair for the coming year. The meeting adjourned at 4.30 P.M. The next meeting will be held the first Wednesday in March.

DENVER, COL.—The regular meeting of the Trained Nurses' Association was held on February 5. After the business meeting Dr. H. W. McLaughlin gave an interesting paper on "Practical Points in Medicine." The Visiting Nurse Association reports 530 calls made by three nurses during the month of January, the tubercular patients receiving special care and instruction. The Jewish district requires the services of one nurse daily.

PUEBLO, COL.—The State Conference of Charities held in January brought forth many interesting discussions. An able address on "Special Training for Social Workers" was delivered by Dr. Stocum, president of Colorado College, Colorado Springs. Denver has been selected for the next conference, which will be held in November, 1906.

COLORADO SPRINGS.—The usual monthly meeting of The Nurses' Registry Association was held in Caledonia Hall, February 7. Only routine business was transacted.

BOULDER, COL.—The Boulder County Nurses' Association held its monthly meeting on February 7. The time for holding all future meetings was changed to the first Tuesday of each month. Miss Clara Ham read a paper on "Pneumonia," and Dr. Lindsay answered queries regarding the use of cold in treating this disease. An unusual amount of interest was manifested by the nurses.

CINCINNATI, OHIO.—The Cincinnati Hospital Alumni Association wishes to announce the praiseworthy change of meetings from quarterly to monthly. The program for the year reads as follows:

February 5, "Contagious Diseases,"	.....Dr. Lyle
March 5, "Commercial Side of Nursing,"	.....Miss Olive Fisher
April 2, "Bacteriology,"	.....Dr. Crane
May 7, An Address	.....Dr. Withrow
June 4, Music	
September 3, "Rural Sanitation,"	.....Misses Eddstein, Vance and Lips
October 1, "Care of the Insane,"	.....Miss Marshall
November 5, An Address	.....Dr. Oliver
December 3, "On District Nursing,"	.....Dr. Schaar

The lecture on "Contagious Diseases" given by Dr. Lyle, February 5, was both interesting and instructive. He particularly called our attention to our unchristian habit of emptying our sewage into the river, thus contaminating the drinking water of the next town. Other cities do likewise for us, showing that the whole sanitary system is wrong. As long as cities are forced to use this impure river water for drinking purposes, we will have disease and death.

DETROIT, MICH.—The Farrand Training School Alumni Association of Harper Hospital, Detroit, Mich., elected the following named officers, at their last meeting: President, Miss Melissa Collins; first vice-president, Miss Minnie

Benton; second vice-president, Miss Anna Bettys; secretary, Miss Lula Dunkee; treasurer, Miss Elizabeth Noyes; Directors, Miss Kate Conklin, Miss Minnie Cowley, Miss Bertha Culverwell.

BROOKLYN, N. Y.—The Brooklyn Hospital Alumnae held their annual meeting Tuesday, February 6, at the training-school. The yearly reports of president, secretary and treasurer were read. Little has been accomplished in the last year. It is with great regret we have to report the loss of two of our members by death. The officers were elected as follows: Miss L. M. Coleman, president; Miss M. Sturt, vice-president; Miss Houghton, recording secretary; Miss Milligan, corresponding secretary; Miss Holt, treasurer; Miss Fuller, director.

Our social meetings have been enjoyed very much, and we have always been glad to welcome Mrs. Rogers among us.

GRAND RAPIDS, MICH.—A joint meeting of the Grand Rapids Nurses' Association and the Alumnae of the U. B. A. Hospital was held at the beautiful new Nurses' Lodge, of the U. B. A. Wednesday afternoon, February 7. Miss McIsaac, of Benton Harbor, gave an interesting talk on the "Club Work of Nurses," which was followed by a discussion. After the discussion an informal reception was given Miss McIsaac. Light refreshments were served. About sixty-five were in attendance.

## PERSONAL

MISS MARIE SNELL, Toronto General, has been appointed night supervisor. Jewish Hospital, Cincinnati, Ohio, and Miss Alice Stewart, Toronto General, matron of the same hospital.

MISS ALICE SINCLAIR, Toronto General, has been appointed head nurse of the Burnside maternity wards, Toronto General Hospital.

MISS SADIE GLADSTONE resigned her position as head nurse Pavilion, General Hospital Toronto, to be married to Mr. Strachan, Fort William, Ont. Mr. and Mrs. Strachan will reside in Fort William.

MISS ELIZABETH PURDY has been appointed head nurse Pavilion, Toronto General Hospital.

MISS BEWA HENDERSON, Toronto General, 1897, has been appointed superintendent Children's Hospital Society, Chicago, Ill.

MADAME VAN WAGNER spoke in Toronto, January 12, at 8 p.m., in the Normal School, on her work in connection with the Board of Health, i. e., Tenement House Visitation in Yonkers, N. Y. The following day she spoke to the pupils in training in the General Hospital. Officials and house staff were present also.

MISS DAMER addressed a large audience in the Normal School, Toronto, on February 1, on the work that is being done in New York in connection with patients suffering from tuberculosis.



PORT WILLIAM, Ont., is suffering from an epidemic of Typhoid fever. The hospital there was originally built to accommodate thirty-five patients, and there are now over sixty patients being cared for. Miss Lucy Huriburt and Miss Elizabeth Davidson, graduates Toronto General, have gone to assist in the McKellar Hospital.

Miss EDITH MCP. DICKSON, and Miss Jeanette Neilson have received appointments in the Free Sanitarium for Tuberculosis, in Weston, Ont.

Miss SNIVELY gave an "At Home" for all her nurses, pupils and graduates, on Wednesday, January 31, from 4.30 to 6 P.M., to which all graduates of the Johns Hopkins School for Nurses resident in Toronto were invited. Prof. Wm. Osler of Oxford, England, was present.

A DELIGHTFUL afternoon reception was given by Mrs. J. W. Flavells, wife of the chairman of the Board of Trustees, Toronto General Hospital, on the afternoon of January 18, to which Miss Snively, Miss Lawler and Miss Manson, the visiting staff of the hospital, and their wives, together with the officials of all the city hospitals were invited.

We sometimes are unable to publish items sent for this and other departments because the names are not clearly written.

Miss SOPHIA RUTLEY has severed her connection with County Hospital of San Francisco. Miss Rutley, like a number of other good women, was unable to accomplish good work under the political government of the hospital.

Miss MARGARET McDERMID, a graduate of the Farrand Training School, Harper Hospital, Detroit, Mich., class of 1894, who has been occupying the position of lady superintendent of the Galt Hospital, Lethbridge, Alberta, Canada, has accepted the position of operating-room supervisor of Harper Hospital, Detroit, Mich.

Miss ANNA P. LETHAM, graduate of the Presbyterian Hospital, New York, has been compelled, on account of ill health, to temporarily give up her position as assistant superintendent of nurses of the Presbyterian Hospital, Chicago. Miss Letham sailed for France, January 12.

Miss GEORGE WILSON, graduate of St. Luke's Hospital, New York, has recently accepted a position as head nurse in the Presbyterian Hospital, Chicago.

Miss REBECCA CROSS, graduate of the Royal Victoria Hospital, who has been resting for a year, on February 1 will return to her former position of assistant to the superintendent of Nurses, Presbyterian Hospital, Chicago.

Miss JEAN KEMPOT, superintendent of the Shreveport Sanitarium, La., has returned from a visit to her home in Canada.

THE new anesthetic, scopolamine, has been used with marked success at the Shreveport Sanitarium, La.

Miss LOIS GREEN has been elected to fill the position of superintendent of the Training School for Nurses, in the State Charity Hospital in Shreveport, La.

Miss IDA FREY has resigned her position as superintendent of the Charity Hospital, Shreveport, La., and will engage in private nursing.



MISS ELLA V. WILDERSON, class of 1897, The Boston City Hospital, has resumed her position as principal of training school at the Woman's Hospital, New York City.

MISS JENNIE B. COTTE has accepted the position of superintendent of nurses at St. Joseph's Infirmary, Houston, Texas. This is a hospital with a capacity for two hundred patients. The first lecture to nurses was given on the evening of February 1.

MISS LARLEY, graduate of St. Mary's, Cleveland, has accepted the position of operating-room nurse at the Huron Street Hospital.

MISS LINDER RICHARDS, the Pioneer Nurses of America, has resigned from the Worcester Hospital for the Insane, Worcester, Mass., and has accepted the position of superintendent of nurses at the Hospital for the Insane at Kalamazoo, Mich.

Miss Blanche Nash, graduate of the Cleveland Training School is now serving as field hospital nurse at Willard, N. M.

Miss Grace Bentley, graduate of the Cleveland Training School has resigned as field hospital nurse at Egria, N. M., and will take up private nursing in Cleveland.

Miss Harriet Fulmer, head nurse of the Visiting Nurses' Association of Chicago, Ill., and 24 other nurses of the association, have been sworn in as probation officers. The reason given for granting the nurses the power of probation officers, is that the homes they visit are usually of poor persons who cannot afford to pay for medical service, and with the new power the nurses can compel the parents to permit them to minister to the needs of the sick children. In most cases these children are known in one way or another to the Juvenile Court.

Miss Crandall and Miss Rodgers, graduates of the Memorial Hospital Training School, Brooklyn, class of 1901, are studying medicine at the Hahnemann Medical College, Chicago.

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#### MARRIAGES

At Asheville, N. C., January 11, Mrs. May A. Lorimer, Class of 1902, Ferris Training School, to Mr. E. E. Gallogly.

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#### BIRTHS

On February 6, to Mrs. William Acker, of Monroe, Mich., twin boys. Mrs. Acker was Miss Mildred Crane, Harper Hospital, Detroit, Class of 1904.

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#### OBITUARY

The Cincinnati Alumni Association have passed resolutions of respect and sympathy upon the death of Miss Laura Foster, Class of 1901, copies of which are to be sent to her family and recorded upon the minutes of the Association.

MISS ANNIE MARTIN, a member of the graduating class, 1906, of the Buffalo General Hospital Training School for Nurses, died of typhoid fever, November 25, 1906. Miss Martin was an excellent student, and a capable nurse. Her loss is deeply felt, not only by her family and her class, but by all who knew her in the hospital.

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THE Brooklyn Hospital Alumnae at their monthly meeting moved that the following resolutions be adopted:

"Resolved, That we the members of the Brooklyn Hospital Training School Alumnae deeply regret the death of Miss Miller, one of our most beloved and devoted members.

Resolved, That copy of this resolution be sent to the JOURNAL OF NURSING, and spread upon our minutes.

"E. L. JONES,  
Secretary pro tem."

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THE Alumnae Association of the Presbyterian Hospital in Philadelphia records its deep sense of sorrow and loss in the death of S. Jennie Rankin, a graduate of the class of 1903, and tenders its sympathy to her mother in her sad bereavement.

KERIA HENBERT,  
LELLIE M. MINNIE,  
Committee.

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PHILADELPHIA, February 12, 1906.

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THE Cedar Rapids and Marion City Association report the death of a member, Rena E. White, which occurred at the home of her parents, in Marion, Iowa, February 3. Miss White was a graduate of the Iowa City School for Nurses, class of 1903.

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THE Alumnae Association of Christ Hospital, Jersey City, N. J., desires to place on record its sense of deep sorrow and personal loss in the death of Miss Elizabeth Ross, class of 1901, who died at the hospital on January 2, 1906.

The Association tenders to her family its heartfelt sympathy.

SARAH S. SUMMERS,  
Secretary.

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DIED, in New York City, January 30, 1906, Ada Colclough, graduate of the Training School for Nurses, City Hospital, Minneapolis, Minn., class of 1903. Miss Colclough served as an army nurse, from October, 1904, to May, 1905. In accordance with a request made during her last illness, her remains were brought to Washington, and laid in the National Cemetery at Arlington.

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DIED, on January 11, 1906, Mary Gertrude Childs, a member of the Far-  
rand Training School Alumnae Association, Harper Hospital, Detroit, Mich.,

Class of 1904. Death was caused by pneumonia, at the Jackson City Hospital, Jackson, Mich., of which institution she was the acting matron at the time of death.

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At a meeting of the Methodist Episcopal Hospital Alumnae Association, Brooklyn, New York, resolutions were adopted on the death of Dr. George Ryerson Fowler expressing sympathy for his family and a sense of irreparable loss in the death of one who has been so true a friend to the nurses.

FLORENCE S. SMITH,  
EUGENIA H. FROST,  
EDNA COPELAND,  
Committee.

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DIED, November 20, 1905, at the Mary Thompson Hospital, Chicago, Ill., Alma J. Petersen. Miss Petersen was born in Stockholm, Sweden. She was a graduate of the Mary Thompson Hospital, Class of 1891.

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Mrs. FRANCIS BACON died suddenly at her home in New Haven, on January 27, aged 70 years. Mrs. Bacon and her three sisters served as volunteer nurses during the war of the rebellion, accompanying the army of the Potomac. Mrs. Bacon was one of 100 patriotic women who formed the Women's Central Relief Association. This organization was under the wing of the sanitary commission and was thus recognized by the government.

Mrs. Bacon served as nurse throughout the war; and when she went to New Haven at its close she organized the Training School for Nurses, operated in connection with the New Haven Hospital. She married Dr. Francis Bacon about this time. He for many years has been the chief surgeon of the New Haven Hospital. At the time the training school was founded there was only one other similar institution in the country, the one in connection with Bellevue Hospital, New York.

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Miss CARRIE McDOWELL, a graduate of the Philadelphia Hospital Training School, died December 8, at her home in Brookville, Pa., after an illness of twelve weeks.

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THE Alumnae Association of the Rochester Homeopathic Training School record its deep sense of sorrow and loss in the death of Miss Ida L. Rabb, at her home in Lockport, N. Y., February 10, 1906, and hereby express its sympathy to the family and relatives in the sad bereavement.

## HOSPITAL AND TRAINING-SCHOOL ITEMS



### HOSPITALS

THE New York State Hospital for the Care of Crippled and Deformed Children, at West Haverstraw, is not being patronized by the people of the State as it should be, probably because many poor people do not know of this means of securing treatment for their deformed children. There is a fund for the transportation of children from the country districts. The classes of cases treated last year were hip joint disease, knee joint disease, major deformities of infantile paralysis, Pott's disease of the spine, humpback, congenital dislocation of the hip joint, bow legs, club-foot, congenital and acquired, and curvature of the spine. It is estimated that there are many hundred children in the State who should be under treatment in this hospital, and would be but for the indifference or ignorance of their parents.

By the will of the late Mrs. Rebecca A. Green \$100,000 has been left to the Salem Hospital, Salem, Mass., to endow a fund to be known as the "Charles Allen Brown Fund" in memory of the donor's father.

A GIFT by an unknown donor of \$50,000 has been promised the Williamsburg Hospital, Williamsburg, L. I., on condition that interested parties raise a like amount.

THE Presbyterian Hospital of Chicago has recently spent \$25,000 in remodeling. Most of this being used to put in thoroughly up-to-date plumbing in the bath-rooms and nurses service rooms.

THE Samaritan Hospital of Troy, N. Y., graduated the following young ladies on January 30: Misses Anna Stockburger, Gladys Christopher, Minnie Gribble, Winifred Marsh, Katherine Ross, Alice Maud Curtis, Blanch Welsh, Alice Carey Whitehead, Emma Krause. The address was given by Dr. Blummer, of Providence, R. I., which was both pleasing and instructive. The valedictory given by Miss Gribble was thoroughly enjoyed by all. A reception followed the exercises.

A DIET kitchen has recently been fitted up in the hospital proper of the Presbyterian Hospital, Chicago, where the pupils of the school are instructed in invalid cookery. At the time of organization of the school, in 1903, it was impossible to arrange for a diet kitchen in the hospital proper. On this account and also to try the method in use in a few schools in the country the kitchen of the nurses home was utilized to instruct in cooking. This was found satisfactory for a time, but upon the increase of the family to fifty then a hundred, its educational value was lost and the drudgery of it, for pupils and instructors, were too evident. Without drudgery none of us can develop but in this case it became out of proportion, and it is with much satisfaction to the officers of the school that this change has been accomplished.

THE graduating exercises of the Shreveport Sanitarium Training School for Nurses took place in the parlors of the Sanitarium, on December 7, 1905. A

very interesting program was carried out, and diplomas were awarded the two graduates, Misses Josephine Dutton and Daisy Hodge.

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#### TRAINING SCHOOL ITEMS

On February 7, the Massachusetts General Hospital, Boston, held graduating exercises, the address being given by Prof. Brackett, who dwelt upon the valuable aid nurses should contribute in educating the public in regard to all questions of public health and social uplift of the masses, the graduates were:

##### THREE YEARS' COURSE

Cora E. P. Ellis  
Olive M. Sill  
Carrie D. Hall  
Helen B. Fenton  
Iphigenia A. Smith  
Georgie O. Cadman  
Eva N. Mullins  
Jessie E. Grant

Mabel Folkins  
Frances P. West  
Kathleen D. Shaw  
Mary L. Gray  
Helen L. Redfern  
Mary E. Knapp  
Ella W. Brigham  
Ethel E. Chute

##### THIRTEEN MONTHS' POST-GRADUATE COURSE

Margaret E. Manning  
Margaret E. Dexter  
Charlotte Dewar  
Grace E. Fowle  
Florence S. Cooke

Rose E. Israel  
Minnie J. MacGregor  
Margaret S. Belyea  
Leda A. Spaulding  
Josephine Stentiford

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Each member of the nursing staff of the Visiting Nurse Association of Chicago has recently been made a probation officer of the Juvenile Court of that city.

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Mr. John S. Kennedy, president of the managers of the Presbyterian Hospital, New York, closes his annual report this year with the following:

If our Hospital had no reason for its existence beyond the relief of individual suffering and the cure of individual disease it would still play an important part in the philanthropic activities of the community. It is this part of its work to which public attention has been and is largely directed, and it is this part of its work which, in the minds of most people, constitutes the chief reason for its existence. This is a very narrow view to take. Great as is its service to the community in this particular, it is only a small part of the service which it really renders.

It is as an educational institution, an institution through which alone doctors and nurses can be trained, and through which alone medical science can be advanced, that our Hospital, like others under equally enlightened management, has its chief claim upon the public. It is only by providing hospitals where the art of healing can be practically taught that doctors and nurses can be prepared for their ministrations of mercy, whether to the rich, who can afford to pay in money, or to the poor, whose only recompense is thankfulness, and it is only by providing such hospitals that medical and surgical science has made the marvellous advance which we have witnessed in our generation, and which it is hoped only presages the progress still to come.

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Miss Hicks, a missionary nurse on her way to the Philippines, was able to spend a day or two in Shanghai. Commenting upon the visit she writes: "I was delighted with all I saw at St. John's College and St. Luke's Hospital, Shanghai. Miss Farnam and I lunched with Bishop Graves on Sunday and saw everything, and came away with the feeling that the church should be proud of St. John's and all who are working there. We attended the Chinese service in the college chapel and it was thrilling."

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Miss Emma C. Johnson is going to Valdez, Alaska, as missionary nurse. She has had, besides the nurse's training, a year's deaconess training and will assist Miss Deane at the Good Samaritan Hospital.

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Miss Etha Butcher, missionary nurse at Jhansi, India, is soon to be married, and is only waiting the arrival of a substitute to give up her work.

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Alumni Associations sending contributions towards the purchase of shares in the *AMERICAN JOURNAL OF NURSING* by the Nurses' Associated Alumnae, are requested to send checks and make them payable to Miss Anna Davids, Treas., Williamsburg Road, Richmond Hill, L. I. Associations wishing to invest in shares themselves should make application to Miss Isabelle McIsaac, Benter Harbor, Mich. It is hoped there will be a prompt response, enabling the committee to make an encouraging report at the Detroit convention.

ANNIE DAKIN, R. N.,  
Chairman, Committee on Purchase of Journal Stock.



## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this department.]*

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[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]

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DEAR EDITOR: I would like to ask some of the women who have been engaged in private nursing for many years to tell me through the pages of your JOURNAL what it is customary for nurses to do in regard to the washing of diapers and the baby's flannels; also if it is considered good form for a nurse to take the baby out in the carriage and wheel it up and down on the street, and if so whether or not she shall wear her uniform?

There seems to be a great difference of opinion among the younger women in regard to these questions, but the nurses who have been doing obstetrical work for years must have settled these problems for themselves upon some satisfactory lines.

I am presupposing that the people are in liberal circumstances and are not restricted financially from having all the service necessary.

YEARLING.

This writer asks practical questions and it would be interesting to know the custom in different cities in regard to these matters.—Ed.

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DEAR EDITOR: The question of the very meagre response to the call for nurses for the Volunteer Corps of the Army has been raised several times, in the JOURNAL's pages during the past few months.

Still there seems no understanding of our seeming apathy to this responsibility, and we remain stigmatized as unpatriotic and selfish, neither of which adjectives anyone believes justly applicable to the nurses of the United States.

I am, therefore, led to write you my experience in this matter, as a possible explanation.

When the appeal was first made, in 1904, I had been at work only six months since a prolonged illness and felt myself physically unfitted to answer the appeal. In May, 1905, when the appeal was again heard at the convention in Washington, many were stirred to offer their services.

Great stress was then laid upon the importance of the indorsement of one's superintendent. Naturally some physical examination was expected, though no mention was made of it at that time. So, having my superintendent's unqualified recommendation and emboldened by another year of good health, under constant private duty, I applied for the necessary papers, and was entirely unprepared for and discouraged by the rigid physical examination required.

However I persevered to ask a physician for his certificate, which he refused, saying he could not conscientiously say of any nurse that she had the "necessary strength and endurance" for "duty in camp or hospital, in any climate," as the certificate requires. This physician has had a wide experience with nurses, both as coworkers and patients.

A second physician refused on the same grounds, but a third was willing to sign, making a note as to a slight physical disability. Upon receipt of my application at the Surgeon General's office, I was notified that my "physical condition would seem to disqualify me for the service."

Though of proven endurance, I am not of robust physique and was not surprised at my decree, and it is not my purpose to question it or the wisdom of accepting only those who seem best suited for the work; but I would ask the following questions suggested by my experience:

1st. Are there not other nurses who, like myself, heard the call in 1904, but felt physically unfitted to make a response? 2d. Having applied for papers, were others discouraged by the strict physical requirements and did not proceed further? 3d. Having been refused a certificate by a physician, who felt that the Army asked more than he could conscientiously subscribe to, did not persevere to ask a second and third? 4th. Having executed and forwarded their papers, were refused for physical reasons, and find their applications unrecognized by the report of the Volunteer Corps? For Mrs. Kinney has published in the *JOURNAL*, over her name, that only one applicant has been refused and she had not her superintendent's indorsement.

Is it not possible that some one of the above reasons may be given for the absence of many names from the roll of volunteers, and not the indifference to duty and lack of patriotism that has been commented upon so freely?

GRADUATE.

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DEAR EDITOR: On January 7, the members of the Guild of St. Barnabas for Nurses of the New York Branch and their friends were invited to St. Thomas' Church for a "Musical Hour." The music consisting of tenor and soprano solos and several organ selections, was greatly appreciated by all present.

It is proposed to give an interesting "Hour" of music, literature, or otherwise the last Sunday of every month at 8, P.M., at the above church, and it is hoped that all nurses will take advantage of these "Hours."

It really seems as if there ought to be more interest displayed by nurses toward the Guild considering the great number in our city, and the benefit derived therefrom.

M. E. B., R. N.

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DEAR EDITOR: I am wondering how many nurses who have the right to use the prefix R. N. take every opportunity to do so and to impress its meaning upon the intelligent people whom they meet.

Where a nurse is really sincere in her work, putting into it her best conscientious effort and yet is not successful, I believe it is because she is not business-like in her methods. In the matter of business cards alone many excellent nurses are very careless. When a nurse leaves a family and is asked to leave her address, she is often at a loss to know just where to put her hand on her

cards—whether in a packed-up suit-case, in a pocket of the cover or with her stationery, and perhaps after turning everything out she finds she has left them behind. An address written on a slip of paper is easily lost and when a nurse is needed again perhaps the only person who knew the address is the patient, and regretting that the nurse they had before cannot be reached a stranger has to be called in her place.

Cards should always be carried in a convenient pocket-book or bag and always in the same place. These cards should give all the information necessary, so that they would be equally valuable if a nurse found herself far from her home centre. Below the name to the right should be the telephone number; below it the street, below it the town, and below it the state. In the lower left-hand corner should be R. N. and the state,—for instance, R. N. Indiana. The school from which she graduated could be added but the R. N. takes the place of that, as the right to use it insures proper professional training.

This is only one of the many business details about which nurses are as a class careless, but it has become doubly important since in so many states the legislature has created a means of distinction between the "trained" and the "untrained" who make up the great nursing body of the country.

MEMPHIS.

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UNITED STATES ARMY GENERAL HOSPITAL, PRESIDIO OF SAN FRANCISCO, CAL.

February 14, 1906.

DEAR EDITOR: As to whether the state of affairs, as described in Miss Hudson's communication, published in your last issue, still exists in the Army Nurse Corps, I can answer most emphatically, "No."

Everyone concedes that conditions in 1898-1899 were not what they should be. Since then, however, seven years have passed and the U. S. Army General Hospital to-day is up to date in every particular.

I have been in the service since April, 1902, nearly four years, and in that time I have never once experienced the slightest lack of courtesy from the army officials with whom I have come in contact.

In the course of my nursing experience, I have found that nurses who give satisfaction have little of which to complain, as regard their personal treatment.

Very respectfully,

DORA E. THOMPSON,

Chief Nurse, Army Nurse Corps.

## CHANGES IN THE ARMY NURSE CORPS



### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING FEBRUARY 12, 1906.

ASTBURY, AGNES, on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines Division on February 15.

BAMBER, ISABELLE M., transferred from the General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, New Mexico.

CAIN, ARAMINTA P., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

CALL, SYLVIA, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

CAMPIN, MARY LOUISE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HALLY, MARY C., formerly on duty at the General Hospital, Presidio of San Francisco, at home on leave, to be discharged at expiration of leave.

HOLLINGER, EDITH MONNETTE, graduate of St. Vincent's Hospital, Toledo, Ohio, 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

LABON, ELEANOR, transferred from the Military Hospital, Zamboanga, to Camp Keithley, P. I., for duty.

LEONARD, GRACE ETTA, graduate of St. Vincent's Hospital, New York City, 1905; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

MAHONEY, ALICE G., graduate of Carney Hospital, South Boston, 1899; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

PLUMMER, SAMANTHA C., transferred from Military Hospital, Zamboanga, to Camp Keithley, P. I., for duty.

RICHMOND, EDITH L., transferred from temporary duty at the Division Hospital, Manila, to regular duty at the Military Hospital, Zamboanga, P. I.

SHAW, EDITH M., transferred from temporary duty at the Division Hospital, Manila, to regular duty at the Military Hospital, Zamboanga, P. I.

WHITE, CLARA BELLE, graduate of the University Hospital Training School, Kansas City, Mo., 1902; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

WOLFFERT, JULIA E., transferred from the Division Hospital, Manila, P. I., to duty at the General Hospital, Fort Bayard, New Mexico. Reported at Fort Bayard for duty January 29.

YOUNG, AGNES G., transferred from Fort Bayard to the General Hospital, Presidio of San Francisco; under orders to sail to the Philippines Division on February 15.

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